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THE NORTH-WESTERN MEDICAL AND SURGICAL JOURNAL.

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Part 1.—Original Communications.

CHAPTER I.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1783.—By N. S. Davis, M.D., Prof. of Physiology and Pathology in Rush Medical College.

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The origin of the institutions of this, unlike those of most other countries, is involved in no obscurity; and is to be traced to no remote chivalric or feudal age. On the contrary, they have all had their birth since the middle of the seventeenth century; and been exposed to the full gaze of an enlightened world.

This, together with the fact, that they have not only had their beginning, but their maturity, thus far, among the most enterprizing people, and under the influence of the most liberal government on earth, renders every thing connected with their history, doubly interesting and important, as affording the fairest illustrations of human progress, and consequently the most valuable lessons of human experience.

The Medical Profession in the United States, and, indeed, throughout the civilized world, constitutes an important part

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of society; for while on the one hand, its ranks can boast, not only, of names of the highest eminence in every department of science and literature, but can also claim to be equal with the foremost in every enterprise for extending human knowledge, and ameliorating human suffering; its free access to the homes and firesides of all classes, gives it a moral and social influence of the most potent character. And in no part of the world is this influence more extensively or happily felt, than in this country, where the absence of all hereditary distinctions and privileged orders, leaves learning and virtue free to assume their own native eminence.

As far as can now be ascertained, but very few regularly educated physicians embarked with the first colonists that planted themselves in the wilderness of America. We are told by Dr. S. W. Williams, of Deerfield, that Dr. Samuel Fuller, a regularly educated physician and highly esteemed man, accompanied the first emigrants who landed at Plymouth in 1620. He was a faithful and devoted practitioner, and died of an infectious fever at Plymouth in 1632. The name of Dr. Russell is also mentioned as a companion of Captain Smith, in his survey of Chesapeake Bay in an open boat, in 1608. But the fact that Smith was obliged to return to Europe the very next year, to procure surgical aid, on account of an injury to his hand, "there being none to be had in the colony," shows that Dr. Russell's stay was short, or else he was not a man skilled in his profession. These are the only names that we can find mentioned among the first settlers, either at Jamestown, Plymouth, or New-York. The fact that there were either very few physicians among the early colonists, or that they were poorly prepared to discharge their responsible duties, is further corroborated by the almost total neglect of those sanitary regulations so necessary to preserve their health, and the consequent great mortality that took place in all the colonies during the first few years. A surgeon is mentioned as on board one of the ships sent to aid

Capt. Mason in his expedition against the Pequoit Indians in 1637, but whether he belonged to the colony, or the ship merely, is not known. In 1649 we find a law passed by the Massachusetts Colony, forbiding "Chirurgeons, Midwives, Physicians, or others, to exercise, or put forth any act contrary to the known rules of art, in each mystery and occupation, to exercise any force or violence or cruelty, upon or toward the body of any, whether young or old (not even in the most desperate cases) without the advice and consent of such as are skillful in the same art, (if any such may be had,) or at least, of the wisest and gravest there present, and consent of the patient or patients, if they be *mentis compotes*, much less contrary to such advice and consent, &c." This provision is sufficiently indicative of the condition of the profession, at this early period, in the New-England States.

Indeed, with the exception of the two Governors Winthrop, one of Massachusetts and the other of Connecticut, and a few of the clergy, we find no names of even respectable attainments in the profession, during the first half century after the commencement of our colonial existence.—The younger Winthrop, not only practised medicine extensively, but was also a member of the Royal Society of London, to which he made several respectable communications. And even so late as 1753, we are told by the Independent Reflector, a paper then published in the city of New-York, "that it (the city of N. Y. then containing about 10,000 inhabitants) could boast of more than *forty* gentlemen of the faculty, the greatest part of whom were mere pretenders to a profession of which they were entirely ignorant; and convincing proofs, of their incapacity were exemplified in their iniquitous practices. The advertisements they published proved them ignorant of the very names of their drugs" &c.. &c. Dr. Nicholas Romaine, in his annual address before the New-York State Medical Society, (in 1811) speaking of this early period, says: "It would be *painful* to intrude on your notice, the *humble* condition of medicine which seems to have existed for more than a century after the first settlement of this State.—It could only consist of a statement of the *arts* and *intrigues*, by which the practitioners of physic succeeded in advancing their *private interests* and professional emoluments." The reasons for such a state of things, at this period, are obvious,—there being no medical schools in the colonies, or any institutions for the instruction of medical students, the only sources of supply consisted in emigrations from the mother country, or in the sending of native young men to the hospitals and colleges of Europe.

The Circumstances of the country during the whole of the first century were such, that no man already established in practice on the other side of the Atlantic, would think of leaving it for the hardships, the poverty, and wilds of America; while the absence of all those Medical Societies and Institutions, which constitute so powerful an object to the aspiring ambition of the thoroughly educated student, equally prevented this class from resorting hither. Hence, as a general rule, only those physicians who had failed to obtain a practice at home, or were too conscious of their own unfitness to make the attempt, emigrated to America. On the other hand, the great expense attending the education of young men belonging to the colonies, in the Medical Institutions of Europe, operated as an equal barrier to this source. Thus it was, that while persecution filled the clerical ranks of the colonies with men of the deepest piety, and the most varied learning, and the patronage of the crown induced a full supply of legal talent, the profession of medicine sunk to a comparatively low state.

In New-England, the greater number of those who practiced medicine were priests, whose medical knowledge was chiefly derived from the writings of Hippocrates, Galen, Aretæus, &c., which they had read during their collegiate education in Europe. Some of the non-conformist clergy, however, who were persecuted or silenced in the Old World, went through with a regular course of medical studies before leaving home, and afterwards became exceedingly useful, both as physicians and preachers, among the colonists here. Of this number, were Drs. Giles Firmer and John Fisk; the first arrived in New-England 1633, and the last in 1637. Both lived to an advanced age, and were highly respected. Dr. Thomas Thatcher, also came about the same time; and his pamphlet entitled "A Guide in Small-Pox and Measles," published in 1677, is said to be the first medical publication in America. About the middle of the seventeenth century, Drs. Bellingham and Henry Saltonstall, after receiving a general education at Harvard College, went to England, where they completed a full course of medical studies, received the degree of M.D., and returned to practice their profession in the Massachusetts Colony. These were the first young men of whom we can get any account, who left the colonies to obtain a regular medical education in the mother country, for the purpose of practicing here.

But during the latter part of the first half of the eighteenth century, a new era began to dawn on the medical profession in America. It was during this period that we find several young men of the highest order of native talent, after receiving a thorough course of instruction in the medical institutions of Great Britain and the Continent, returning to practice their profession in the New World. Among these we find the names of Dr. Zabdiel Boylston and Dr. James Lloyd of Massachusetts; Lieut. Gov. Colden and Dr. James Ogden of New-York; Drs. John Morgan, William Shippen, Jr., and Benjamin Rush, of Pennsylvania; Drs. John Mitchell and Thomas of Virginia, and Dr. Lining, of South Carolina—names, that will ever remain as ornaments to the medical profession in America.

During this period, other circumstances also occurred which aided very much the advancement of the profession.—Wars between England and France, were carried on, with only short intervals of peace, during the greater part of the eighteenth century. And so early as 1690, hostilities commenced between New-York and New-England on the side of England, and the French settlements in New-Brunswick and Canada. From this time to the final subjugation of the French colonies in 1763, many expeditions were sent from England to aid the colonists, and each was accompanied by a well appointed Medical Staff. These being almost constantly in the colonies, with the military hospitals which necessarily accompanied the movements of regular armies, supplied the place, in some degree, of medical schools, and doubtless excited the ambition of many of the young men, who, during the latter part of this period, spent some time in Europe and returned to become the founders of Medical Science in America. What Dr. Nicholas Romaine says of the influence of these, on the medical profession of New-York, is equally true of New-England, Pennsylvania, and Virginia. In his annual address to the Medical Society of the State of New-York in 1811, to which we have already alluded, Dr. Romaine says: "The war which effected the conquest of Canada, was, perhaps, the first circumstance which materially improved the condition of medicine in this State, (New-York). The English army employed for that purpose, left Europe accompanied by a highly respectable Medical Staff, most of whom landed in the city of New-York, and continued some years in the neighboring territories, affording to many young Americans opportunities of attending the military hospitals, and receiving such professional instruction as gave them afterward consideration with the public. The physicians and surgeons of the Anglo-American army, gained the confidence of the public, by their superior deportment and professional information. The military establishment in this State, after the Canadian war, required medical and surgical attendants; so that the people had the benefit of their advice.

In this manner a new order of medical men was introduced into the community."

It was doubtless owing to the increased attention to medical science and practice, produced by these causes, that led the colony of New York to make the first effectual attempt to regulate the education and practice of the profession by legal enactment. We have already quoted from the Independent Reflector of 1753, a paper which not only exposed the ignorance and pretensions of the profession, but appealed with boldness and energy to the people for a remedy. And some of the arguments presented, would afford useful lessons for many legislators of the present day.

It was not until 1760 that the General Assembly of New-York ordained that, "no person whatsoever should practice as Physician or Surgeon, in the city of New-York, before he shall have been examined in physic and surgery, and approved of and admitted by one of His Majesty's Council, the Judges of the Supreme Court, the King's Attorney General, and the Mayor of the city of New-York for the time being, or by any three or more of them, taking to their assistance for such examination, such proper person or persons as they in their discretion shall see fit."

Such candidates as were approved received certificates, conferring the right to practice physic or surgery, or both, throughout the whole province; and a penalty of five pounds was prescribed for all violations of this law. Its restrictive operation, however, was confined exclusively to the city and county of New-York; and with the exception of a similar enactment in the colony of New-Jersey in the year 1772, it was the only attempt to regulate the qualifications and practice of physicians, by any of the colonial governments, previous to the Revolutionary War.

But the causes to which we have alluded, had already introduced into the profession many young men, possessed not only of sound learning, but also, of a laudable ambition for the honor and advancement of their favorite calling. Among these none were more zealous in the cause of medical education than Drs. John Morgan, and William Shippen, Jr., of Philadelphia, and Drs. Samuel Bard, Peter Middleton, and John Jones, of New-York. Although many private and temporary hospitals had been established in the several colonies, for the accommodation of seamen, and the reception of patients for inoculation, the first permanent institution of the kind was established in Philadelphia in 1752, and was aided by a grant of 2,000*l.* from the Colonial Assembly. Its establishment was owing to the suggestions and exertions of Dr. Thomas Bond, who became its superintendent, and we believe, the first regular *Clinical* Lecturer on Medicine in America. In 1762 Dr. Wm. Shippen returned from his studies in Europe, to settle in his native city, Philadelphia, and the same year commenced a course of Lectures on Anatomy, to a class of twelve students. He continued the same course during the two following years, and in 1765 was joined by John Morgan, M.D., who had just returned from an honorable completion of his medical studies in the schools of Edinburgh. Dr. Morgan soon delivered a public discourse on "the Institution of Medical Schools in America," before the Trustees of the University that had been established in Philadelphia, and proposed a plan for teaching the various branches of Medical Science. His views were warmly seconded by the Board of Trustees, who soon after appointed Dr. Morgan Professor of Theory and Practice of Medicine, and Dr. Shippen Professor of Anatomy and Surgery. The remaining chairs were not filled until 1768, when Dr. Adam Kuhn, was chosen Professor of Botany and Materia Medica; and in the following year Dr. Benjamin Rush returned from Edinburgh, and was appointed to the Chair of Chemistry. Thus organized, the first Medical School in America continued its annual courses of instruction to an increasing number of students until 1777, when it was suspended by the Revolutionary War. To give a still better idea of the objects and Regulations of this school, and the liberal views of its founders, we will quote the following rules in regard to studies and qualifications from a printed circular, addressed by Dr. John Morgan to the inhabitants of the West Indies in 1772, viz:

For a Bachelor's Degree in Physic.

"I. It is required that such students as have not taken a degree in Arts, shall, before admission to a degree in Physic, satisfy the Trustees and Professors of the College, concerning their knowledge of the *Latin* tongue, and in such branches of *Mathematics*, Natural and Experimental *Philosophy*, as shall be judged requisite to a *Medical Education*.

"II. Each student shall take at least one course in *Anatomy*, *Materia Medica*, *Chemistry*, the *Theory* and *Practice* of *Physic* and *Clinical Lectures*, and shall attend the practice of the *Pennsylvania Hospital for one year;* and then may be admitted to a public examination for a *Bachelor's* Degree in Physic, provided that on previous private examination by the *Medical Trustees* and *Professors* and such other Trustees and Professors as choose to attend, such student shall be judged fit to undergo a public examination.

"III. It is further required that each student, previous to obtaining a Bachelor's Degree, shall have served a sufficient apprenticeship to some respectable Practitioner in Physic, and be able to make it appear that he has a general knowledge in *Pharmacy*."

For a Doctor's Degree in Physic.

"I. It is required that at least three years shall intervene from the time of taking the Bachelor's Degree, and that the *candidate* be full *twenty-four* years of age, and that he write and defend publicly in college, a *Latin Thesis* or dissertation on some disease, or other useful Medical topic, which shall also be printed at his own expense.

"II. The above scheme of a *Medical Education*, is upon as extensive and liberal a plan, as in any of the most respectable European Seminaries, and the utmost care is taken to render the Degrees *real marks of honor*, the marks of only distinguished learning and abilities. A good *medical education* is here looked upon as not the least useful part of Science. As it is both a noble and extensive branch of learning of itself, and of the utmost importance to the health and welfare of society, 'there cannot therefore be too much encouragement given to a full and regular attainment of it.' 'Tis, on this account, one *great object* in the Philadelphia College, and intended to put the practice of physic in America in general, upon a respectable and beneficial footing."—[See "The Address and Representation of Dr. John Morgan of the College of Philadelphia, in behalf of the Seminary, dated 1772,"]

Such were the views and objects of the founders of the first Hospital and College, in America. The rules quoted were adopted by the College on the 12th May, 1767, and continued in full force until the operations of the College were suspended by the occupation of Philadelphia by the British in 1777. During this period the Degree of Bachelor of Physic was conferred on about thirty young men, and a reasonable degree of prosperity seems to have attended the College. But while these things were being done in Philadelphia, the Profession in New-York were not idle. The zealous efforts of Drs. Bard, Middleton, and others, aided doubtles by a spirit of rivalry with Philadelphia, effected the organization of the Society of the New-York Hospital, and procured for it a charter from the Colonial Government in 1777. The first building was destroyed by fire in 1772 which, together with the occupation of New-York by the British army, prevented the completion of another, until 1791. when the first patients were received. Their efforts to establish a Medical College in connection with King's College, which had been established in the city several years previous, was, however, attended with better success. A full Medical Faculty was organized in 1768, composed of Samuel Clossy, M.D., Prof. of Anatomy, John Jones, M.D., Prof., of Surgery, Peter Middleton, M.D., Prof. of Physiology and Pathology, James Smith, M.D., Prof. of Chemistry and Materia Medica, John V. B. Tennent, M.D., Prof. Midwifery, and Samuel Bard, M.D., Prof. of Theory and Practice of Physic. The first courses of lectures were given in the winter of 1768–9, at the close of which, the degree of *Bachelor* in Medicine was conferred upon Samuel Kissam and Robert Tucker; and in the year following, the same gentlemen, received the higher degree of *Doctor* in Physic. These are stated by Dr. Beck, in his "History of American Medicine before the Revolution," to be the *first* Medical Degrees conferred by the schools in America.* But this is probably a mistake, as we find in a historical sketch of the College in Philadelphia, published in 1836, the names of ten students who received the degree of *Bachelor* of Physic, at the Commencement in that College, in June 1768; and a number of others were annually thereafter, honored with the same degree, until the operations of the School were suspended by the vicissitudes of war. During this period very few seem to have applied for the higher degree of *Doctor* in Medicine, either in Philadelphia or New-York. We have no means of ascertaining what rules were adopted for the government of the college in New-York; or what were the requisites for the graduation of medical students. It is certain, however, that the prosperity of the school was not proportioned to the known respectability and learning of the Professors.

Thus, we are told by Dr. N. Romaine, that in 1774, six years after its first organization, only "about 25 persons attended the Anatomical Lectures, some of whom were students from the West Indies." This want of prosperity has been attributed to the conduct of the governors of the College, but with what justice, we are entirely unable to judge. The medical books then in general use, were the writings of Sydenham, Boerhaave, Van Swieten, Mead, and Huxham; the Physiology of Haller; the Anatomy of Cowper, Cheselden, and Munro; the Surgery of Sharp, Le Dran, and Pott; the Midwifery of Hunter and Smellie; and the Materia Medica of Lewis. But though the works then in general use were all of European production, yet medical literature had by no means been neglected by the profession in America; as the following list will show, viz:

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*See Transactions of the Medical Society of the State of New-York.—Vol. 5, pp. 141.

"A Brief Guide in Small-Pox and Measles;" by Thomas Thatcher, of Massachusetts, published 1677. "Some Account of the New Method of Receiving the Small-Pox by Engrafting or Inoculation;" defending the practice, by Benj. Colman, of Boston, published in 1721. "An Account of the Climate and Diseases of New-York;" by Cadwallader Colden, of New-York, published in 1720. "An Historical Account of the Small-Pox Inoculation in New-England;" by Dr. Zabdiel Boylston, of Boston, published in 1727. "On the Method of Practice in Small-Pox in 1730;" by Nathaniel Williams, of Massachusetts. "A Treatise on Pharmacy in 1732;" by William Howard, of Mass. An Essay on Fevers, by Dr. John Walton, of Boston, in 1732. "The Practical History of a New Epidemical Eruptive Miliary Fever, with an Angina Ulcusculosa, which prevailed in New-England in 1735–6;" by Dr. William Douglass, of Mass., published in 1736. "An Essay on the Polygala Senека;" by Dr. John Tennent, of New-York, published 1736. "An Essay on Illiac Passion;" by Dr. Thomas Cadwallader, published 1740. "An Essay on the Causes of the Different Colors of People in Different Climates," and "Letters on the Yellow Fever of Virginia;" by Dr. John Mitchell, of Virginia, published 1743. "The Flora Virginia;" by Dr. John Clayton, of Virginia, published 1743. "A very valuable account of Statistical Experiments concerning Excretions of the Human Body;" by Dr. John Lining, of South-Carolina, published in 1743. About the same time Dr.

Cadwallader Colden, of New-York, published "Observations on the Fever which prevailed in the City of New-York in 1741 and '42;" also, "On the Virtues of Great Water Dock;" and a "Sore Throat Distemper which prevailed Epidemically in this country in 1735." "A description of American Yellow Fever," was published by Dr. John Lining in 1753; and a paper on "Opisthotonos and Tetanus;" by Dr. Lionel Chalmers, of South-Carolina, published in 1754. "An Essay on the Use of Bark in Scrofulous Cases," was published by Dr. Thomas Bond of Philadelphia in 1759; also, an Inaugural Dissertation, entitled "Tentamen Medicum de Puris Confectione, Edinburgh, 1763," by Dr. John Morgan. Dr. Shippen's Inaugural Thesis, entitled "De Placentæ Cum Utero Nexu," was published in 1760; and during the same year, Dr. John Bard, of New-York, published a case of "Extra Uterine Fœtus," and an "Essay on the Nature and Cause of the Malignant Pleurisy," which prevailed on Long Island in the winter of 1749. In 1771, Dr. Samuel Kissam published his Inaugural Dissertation on the "Anthelmintic Virtue of the Phaseolus Zuratensis Siliqua Hirsuta, or Cowhage." A valuable work on the "Treatment of Wounds and Fractures," was published by Dr. John Jones, in 1776. And the same year Dr. Lionel Chalmers published his able work on the "Weather and Diseases of South Carolina." "An Essay on Fevers," had been published by the same author in 1768.

Many of these productions are characterized by a variety of learning, an accuracy of observation, and an originality of thought, which do credit to any age or country. Thus, Dr. Lining's "Description of American Yellow Fever," stands to the present day, unrivalled for its accuracy and minuteness of description; and Dr. Douglass, in his "History of the New Epidemical Fever" of 1735–6, not only gives the best account of that fatal disease, but also enjoys the honor of first suggesting the use of Calomel as a remedy. Dr. Clayton's "Flora Virginia" attracted so much attention that it was republished at Leyden, 1762; and very few papers exhibit a greater degree of Philosophical acumen and learning than Dr. Mitchell's on the "Causes of the Different Colors of Different People." The Work of Dr. Chalmers on the Climate and Diseases of South-Carolina, in two volumes, is particularly worthy of attention, as well as that of the same character concerning New-York, by Dr. Colden. And the credit of originality, in promulgating the true doctrine in regard to the formation of *Pus*, though usually ascribed to Dr. John Hunter, undoubtedly belongs to Dr. John Morgan, who, in his inaugural thesis, maintained with great ability the doctrine that *Pus is a Secretion.* This is fully and honorably acknowledged by Dr. James Curry, lecturer at Guy's Hospital, so early as 1817.

Nor is this the only instance of fair claim to originality, which has been appropriated elsewhere. The use of Mercury, in the treatment of Inflammatory diseases and Eruptive Fevers had its origin with Dr. Douglass, of Boston, in 1736.—The preparation used was Calomel. But to Dr. Jas. Ogden, of Long Island, are the profession indebted for pointing out more systematically the indications for its use and the manner of using it. He used it extensively, and with the happiest effects, in the Agina Maligna of 1749; and its use was rapidly extended to the treatment of nearly all the Phlegmasia.—Angain, to Dr. Richard Bayley, are we indebted, for first pointing out the true inflammatory nature of the Cynanche Trachealis, or Croup, and the great utility of Blood-letting and Antimony in its treatment. Yet all of these have been often set forth, as originating on the other side of the Atlantic.

Dr. James Lloyd, of Mass., and Dr. Wm. Shippen, of Philad. were the first regular and successful practitioners of Midwifery in this country. The one settled in Boston in 1754, and the other in Philadelphia in 1756; and to their skill, boldness, and decision of character, are we indebted for the rescue of that most delicate and important branch of practice, from the hands of ignorant and credulous females.

Although a consideration of Medical Practice, does not come strictly within the scope of our present work; yet an occasional glance at this, and the character of diseases prevalent at different periods of time will be both interesting and profitable. Indeed, a carefully written history of diseases, their variations of type and severity, in connection with the prevalent modes of medical practice, and the ever varying customs of society, would be of great value to the profession. It would explain the origin of many theories and systems in medicine, and reconcile much that now seems discordant and contradictory in our medical literature.

Thus says Dr. Rush:—"The success of nature in curing the simple diseases of Saxony laid the foundation for the *Anima Medica* of Stahl. The endemics of Holland led Dr. Bœrhaave to seek for the causes of all diseases in the *fluids*. And the universal prevalence of diseases of the *nerves* in Great Britain, led Cullen to discover their peculiar laws and to found a system upon them—a system, which will probably last till some new diseases are let loose upon the human species, which shall unfold other laws of the animal economy."

During the greater part of the period included in this chapter, the Humoral doctrines of Boerhaave held an unlimited sway over the minds and practice of physicians, both in this country and Europe. Endemic and Epidemic Fevers prevailed frequently, in nearly all the colonies, and sometimes produced great destruction to life. This was the case, to some extent, even among the Indians, before white settlements were formed. Thus, we are told by Dermer, Mather, and Gookin, that in 1618–19, a pestilential fever prevailed among the Indians in New-England, with such severity that whole tribes were nearly destroyed, and in some places, in 1620, their dead bodies were found unburied, putrefying in the sun. The first colony of Pilgrims that landed at Plymouth in 1620, suffered dreadfully from sickness during the few following years. And in 1632–33–38, a pestilence resembling the Yellow Fever, prevailed extensively in the New-England settlements, which, with the Small-Pox, cut off many of the inhabitants. Dr. Rush tells us that between the years 1760 and 1766, Intermitting, Bilious, and Yellow Fevers were common in Philadelphia and its environs; that Influenza was epidemic in 1761, and the Malignant Sore Throat in 1763. He also states that deaths were "common between the 50th and 60th years of life, from gout, apoplexy, palsy, obstructed livers, and dropsies."

This last paragraph is worthy of a moments consideration. Why were these diseases so frequent and fatal, when thirty years after the same author tells us they were comparatively rare in the same city? A very satisfactory answer to this question will be be found in the habits of the citizens at the two periods referred to. Alluding to these habits during the period intervening between the years 1760 and 1766, Dr. Rush says, "the diet of the inhabitants of Philadelphia, during those years, consisted chiefly of animal food. It was eaten, in some families, three times, and in all, twice a day. A hot supper was a general meal. To two and often three meals of animal food in a day, many persons added what was then called 'a relish,' about an hour before dinner. It consisted of a slice of ham, a piece of salted fish, and now and then a beef-steak, accompanied with large draughts of punch or toddy. Tea was taken in the interval between dinner and supper. In many companies, a glass of wine and bitters was taken a few minutes before dinner, in order to increase the appetite. The drinks with dinner and supper, were punch and table beer. Besides feeding thus plentifully in their families, many of the most respectable citizens belonged to clubs, which met in the city in the winter, and in its vicinity under sheds, or the shades of trees, in the summer, once and twice a week, and in one instance every night.

ARTICLE I.

Malaria and its Relations to the Existence and Character of Disease. A Paper read before the Æsculapean Society.—By SAMUEL THOMPSON, M.D., of Albion, Ill.

I have taken for the subject of the present paper, a rather wide subject, and perhaps shall find few who will coincide in the views I shall advance. They are, however, the result of much reflection and considerable observation, and to placing them in their present form, I have been led by the perusal of a long list of notes of cases, occurring in different localities, at different seasons, and in different years, as well as by the fact that the question to some extent involves the ætiology of at least one disease, to which popular opinion attributes a special cause, and the proving which to depend on malarious origin, would certainly be a public benefit. At the same time, to show the coincident action of malaria, may perhaps relieve us from much fear and a good deal of perplexity in relation to apparent danger from contagion, in cases where the simultaneous or successive invasion of a disease on many persons, gives rise to suspicion.

Previous, however, to pointing out the effects of malaria, it may be as well to say some little in reference to its existence, as some writers of reputation, among whom Dr. Bell, of Philadelphia stands prominent, deny that there is any such thing, and consider that all those effects usually ascribed to its influence, can be better explained by reference to common causes, such as vicissitudes of heat and moisture; and regard the belief in malaria as visionary and unphilosophical. But with the highest respect for the Doctor and his supporters, I must demur to such views, considering that it is much less a stretch of imagination, to believe that the atmosphere may be the vehicle for conveying the cause of certain symptoms and appearances, when we know that effects at any rate analagous may be artificially induced by certain agents inhaled with the air, than to invoke the power of vicissitudes of either Thermometer or Hygrometer to explain, what such alternations alone (how popular soever the idea) are not proved to produce.

That there is no such connection between atmospheric vicissitudes, and the peculiar character of disease, will, I think, clearly appear, from the following facts, derived from Dr. Torrey's able statistical work on the climate of the United States. I will refer to the records of three stations only.

At Fort Gratiot, latitude 43 North. The general sickness is Fever and Ague. The river on which it is situated is bordered by broad marshes, where also the Cholera in 1832 raged most violently among the troops. Here the range of the thermometer in the year is about 110°.

At Fort Brady, in latitude 46.39,—with same range of thermometer. The location on the south bank of the St. Marie. To the S.W., beyond some cultivated lands, runs a marsh. But the prevailing winds are from W., N.W., and S.E.—the latter passing over the marsh,—the former a mountainous country; yet here Intermittents and Remittents are rare; Inflammatory diseases and Typhus being most common. (It is a pity there is no statement of the relations of the invasions of Typhus with the previously existing wind, as McIntosh, Armstrong, and others, consider Typhus a disease of malarious origin.) But it is certainly a much more healthy post than the former. Here vicissitudes are well matched, and the diseases, if resulting from them, should be of the same description.

At Fort Trumbull, latitude 41, near Long Island Sound, where the mean range of the thermometer is 78.° Malarious diseases, as they are commonly called, are unknown; while in Florida, where the range of the thermometer is but a few degrees, Intermittent and Remittent Fevers abound. Indeed, were this doctrine of vicissitudes correct, the climate of Florida should be among the most healthy in the world—the mean range of the thermometer at Key West being only 37°; yet it is known to be the most unhealthy of all the Florida stations: while at Fort King, where, from its inland situation, the range of the thermometer is as much as 78°, the sickness is but trifling, at the same time, that from its secondary basis and swampy neighborhood its. fevers are chiefly intermittent. Now the unhealthiness of localities, should on this principle increase just in proportion as they are more remote from large bodies of water ,as the sudden alternations are generally just in proportion to such remoteness. Yet we know that this is anything but true; the difference in the salubrity of a place, as well as the character of the diseases, appearing generally to be associated with certain geological formations. Those lying upon primary rocks and covered by a poor sandy soil, being free from Malarious diseases, as in most parts of New England: while in the valley of the Connecticut, lying upon a secondary formation, like our valley of the Mississippi, and covered with a soil full of organic remains, they are indigenous: thus in the midst of a non malarious region, forming a striking illustration of the connection of such soil and substrata with Intermittent fever.

That vicissitudes of heat and moisture are quite inadequate to account for a certain class of diseases is manifest. For as Dr. Torry remarks that, "as the regions of New England, New Brunswick, and Nova Scotia are exempt from Intermittent, while in the region of the great Lakes, both on the British and American sides, it is very prevalent; and as the coast of the former exhibits climatic features similar to the other, so far as regards temperature and humidity, it follows that a solution of the question, must be sought in the admixture of terrestrial emanations dissolved or suspended in atmospheric moisture." That vicissitudes of heat and moisture are therefore quite inadequate to account for a certain class of diseases is manifest. Whether we can as clearly show any other causes is another question. It is however evident that there is some cause connected with locality. We all know that in a great majority of cases, moisture is essential to the production of this cause, and yet that excess of moisture is uncongenial to it also, as no one ever suspected pure and deep water of developing malaria, while few doubt the dangers of lands that have been submerged, but which are in a drying state; and who is there whose olfactory nerves have not told him, in a night ride in summer or autumn, that the air contained different elements in different spots?

But it is objected that Chemistry, that inspector of nature, can detect no change in the atmosphere in those spots said to be loaded with miasm. But I would ask, can Chemistry detect the particles exhaled by a grain of musk, and perfuming a whole room? Can Chemistry isolate the contagious exhalation from a small pox patient? Or, can she or the microscope detect the myriad germs of the Fungi? Yet we know these must exist and in their larger varieties we can see them, and who doubts that Musk or the blossom of the rose perfume the air, or that such perfume is indeed matter—part and parcel of that from which emanates.

But, say the anti-malaria men, you attribute this occult and mystical cause to the decomposition of vegetable substances. How then will you account for its manifestation in places such as the Spanish Sierra's (as noted by Fergusson) where no vegetation exists or can exist, in the almost dry beds of mountain torrents. But allowing all this—giving the fullest force to every point—allowing if you please that the waters of these torrents never swept a foot of land bearing vegetation, still what does it prove? Do I, does any one pretend to say, that Malaria, though probably generally emanating from vegetable decay, is vapor sui generis, and not formed of nature's common elements, Oxygen, Hydrogen, Nitrogen, or Carbon, or their, or other elementary combinations ; and who is there in this day shall deny that vegetable and inorganic matter may and will, in decomposition yield many of the same elements ? But is it true that Chemistry has really come to fault ? Can she indeed with her argus eye detect no trace of the foe. No bended grass, no ruffled leaf, to guide us to his lair? No indeed ! some at least, of her scouts declare that they have found a trail, and though it be crossed and disturbed in spots, they say (perhaps with too sanguine faith) that they can detect his foot print among the fresh leaves, on the slimy marsh, in the slaty clay, aye, even by the cool spring side. Perchance they may have only found one of the *family*, but they have at any rate it appears, proved, that that one leaves a trace behind. Let us hear what they say. For years past it has been known that the copper sheathing of ships traversing certain waters, decayed with unusual quickness. To ascertain the cause of this great commercial evil, the Lords of the Admiralty of Great Britain, directed that some of the water from the mouth of the Gambia on the Coast of Africa, one of the spots where copper was so affected, should be carefully secured in glass bottles and sealed up, brought to England and submitted to the examination of that able chemist, Professor Daniell. In it he detected Sulphureted Hydrogen in large proportions. We all know that the coast of Africa is one of the most fatal places in the world to human life. A single night ashore often being supposed to destroy life, by developing a fever nearly akin to yellow fever or to our malignant congestives. Previous, however, to this, Dr. Malcolmson had suggested that the presence of this gas, which he had detected in the waters of the Saline lakes of different parts of the world, must arise from the decomposition of the Sulphates in the water by the carbonaceous matter of vegetables floating in them. Acting upon this idea Professor D. on the 2nd Nov. 1840, instituted the following experiments. He placed a quantity of newly fallen leaves in three glass Jars, capable of holding a gallon and a half of water each :

Upon the first he poured a gallon of river water.

Upon the 2nd the same quantity of water with one oz. of common salt.

Upon the 3rd the same quantity of water with one oz. of Sulph. Sodæ.

The three jars were then placed in a warm room, the temperature of which varied from 70 to 110, and the water was filled up from time to time and well stirred. Upon examining them on 5th Feb., 1841, (three months) the following was found to be the state of the jars. No. 1 had a very disagreeable odor, but produced no change whatever upon paper soaked in acetate of lead. No. 2 was perfectly sweet, and possessed indeed a rather agreeable odor. It produced an effect of course upon the test paper. No. 3 had a most insupportably sickening odor, much worse than that of pure sulphureted Hydrogen, and instantly blackened paper soaked in acetate of lead, throwing down sulphuret of lead with a metalic lustre.

Two gentlemen (Saerd and Oldfield) entrusted with conducting an expedition up the Niger, remarked upon the deadly effect of breathing the air of " Those accursed swamps, where one is oppressed, not only bodily but mentally, with an indescribable feeling of heaviness, langour, nausea and disgust ;" and such is the united evidence in relation to all spots where sea water comes in contact with vegetable matters.

Now, it has been experimentally proved by Thenard and Dupuytren, that so small a quantity as 1-1500th part of Sulphureted Hydrogen, dispersed in atmospheric air, kills small animals which breathe it, and the effect produced upon human beings inhaling it, are those very sensations of langour, heaviness and nausea, described above. But is this all that can be adduced in favor of the opinion that the nature of Malaria is gaseous, and that gas probably, sulphureted Hydrogen? No indeed! I think it was in 1845 that Dr. Gardner, Professor of Chemistry in Hampden Sydney College, in a paper, published in the American Journal of Medical Sciences, assuming that Sulph't. Hydrogen, was the active agent in the production of Malarious diseases on the coast, undertook the following experiments with a view to ascertain whether the same agent could be detected in those inland spots where periodic fevers also prevailed, and where Malaria was generally supposed to exist. Finding it impossible to procure a sufficient quantity of atmospheric air to test its presence, he determined to apply pure silver (one of the most delicate tests for Sulphur) as the means of trying the question. The purity of the silver he used, and the delicacy of the test was shown, by putting one dropof hydro-sulphate of Ammonia into 120,000 grains of water: a 5 cent piece placed in it was dissolved in a few minutes, proving that *pure* silver, is able to detect Sulphur, in a solution containing only one part in 3,000,000 parts of water. With silver thus prepared, he examined the air over various streams and marshes, and while in some of these it took weeks to produce any tangible effect, in others 22 hours were sufficient to render the presence of Sulphur evident, upon passing a stream of Hydrogen Gas over the pieces of coin when enclosed in a green glass tube and made red hot. Having thus proved that sulphur existed in such localities, his next object was to examine the source of it. In the foregoing experiments, the immediate source was a marsh containing much decaying vegetable matter; a rich alluvial soil saturated with spring water, or that which had percolated through the soil, and heated by the temperature of midsummer. Alluvial deposits contain much vegetable matter; their blackness greatly depends on it, and this vegetable matter is in a constant state of decay, the rapidity of which is proportioned to the access of oxygen and the warmth of the season. The second element of the sites in which Sulphureted Hydrogen was detected by Dr. Gardner, was decaying vegetation ; in its decay carbon is left in excess and exerts all its powerful affinities to assume the gaseous form. But vegetables contain also certain inorganic constituents, which are of great interest in the present question. Of these, the Sulphates of Lime, Soda, Potassa, and Magnesia, have been selected ; in the decay of a plant containing any of these salts, the result will depend upon the presence or absence of water. If dry, they will be unchanged, but if water and heat be present, the Sulphuric Acid will be decomposed. The leaf contains a large portion of the Salts existing in a plant ; but of all agents, spring water is the most important—it is usually impure. It contains the soluble salts of the land through which it has percolated. These must, from the nature of the case, differ ; Muriates, Sulphates, Phosphates, and Carbonates, have been found by different analysts. Spring water is seldom free from Sulphate of lime or magnesia ; the former imparts to it the quality called hardness. When these ingredients are present in any quantity, and the water is kept in contact with decaying vegetable matter, they are decomposed; Oxygen is abstracted, and Sulphurets are produced ; the latter in their turn yield Sulphureted Hydrogen, with the first nascent Hydrogen they encounter. So says Dr. Gardner: and when we compare these views and experiments with those of Professor Daniell, I conceive it will require powerful arguments and well collected facts to invalidate them. Sulphureted Hydrogen is a narcotic poison, prostrating the nervous system, and destroying muscular energy ; in small quantities it produces colic and internal congestions. Well, still it will be objected perhaps, that so far all that we have said only proves that Sulphur exists in the water, in the soil and in vegetation, and that Hydrogen gas coming in contact with it gives rise to Sulphureted Hydrogen ; but that we have have not proved that the existence of this gas is the cause of disease. To this, I reply—we have proved its existence in those places, especially where malarious diseases are most rife, and we have shewn that its effects, especially in minute quantities, are in many points similar to those we find as *symptoms* of *disease* peculiar to such regions. That, therefore, we are justified in coming to the conclusion, that like effects result from *like* causes, even should it turn out that they are not *identical* ones.

Dr. Bell asks why in large cities, where the sources of Sulphureted Hydrogen must be so plentiful, are not the effects of malaria more prevalent? To this I would answer,—that the *question* assumes the dispute, and that it is entirely an assumption to assert that its effects are not manifest. For, if as I believe, various diseases, even owning a common cause, do under different circumstances, manifest themselves in different grades or even forms, as resulting from the differences of circumstance, it must be evident to all, that inasmuch as cities are proverbially more unhealthy than the country, though the phases of disease are not always the same, it remains with the unbelievers in malarious causation, to show a more reasonable and efficient cause of such excess of disorder, than this gas which they admit exists there in such abundance.

But while I thus think it more than probable that Sulphureted Hydrogen plays a most important part in the ætiology of many of our diseases, I by no means intend to assume that it is absolutely and *alone* such cause. My arguments and quotations, have had one general aim,—viz: to prove the existence and agency of malaria, define it to be what you may; and to show that, not only can we prove its existence from theory reasoning, but that *it is*, and in one of its shapes, at least, *is tangible*. I disapprove of setting down malaria as a vision, and I equally object to hasty and positive conclusions as to its essence. I am too well aware. that in all investigations into the arcana of nature, we should walk with cautious steps, and enquiring eyes, conscious how often our apparent discoveries of truth, are but the shadows cast by some great fact we do not see or cannot grasp: or like those of the first voyagers in search of this continent may prove but some jutting headland or some stray island, parts of the whole, it is true, and if wisely and cautiously followed, invaluable as guides and incentives to further enterprize; but apt to frustrate all our hopes if we too eagerly conclude it to be the mainland, and consider our search ended. While perhaps, others more temperate, cautious and persevering, starting from our self satisfied halt, will reap the harvest and the honor, which were just within our grasp. Having thus far demonstrated, I conceive, that miasma is not a vision of a heated fancy, but that if we have not yet attained the key to its identity, we can at any rate, manifest that it has existence and location, I shall turn to the ultimate object of this paper. Namely: to endeavor to show that our diseases, though modified by season and locality, are generally children of one family, or at any rate, have some of the same blood flowing in their veins. In endeavoring to do this, I shall refer to a number of cases, grouping them wherever I can by a brief statement of their character and symptoms, and only occasionally detailing such as are necessary for illustration: and I would call attention to the merging of one class into the other, as seasons changed or localities varied, marking the fact that the basis, the wax was indeed the same, the chief difference being in the seal that marked its surface.

I shall commence with cases of what is called Milksickness; and the first I shall adduce occurred in the fall of 1846. The prominent symptoms were pain in the *head*, *back*, *legs*, and *elbows*. She had been sick for some time before, and for two days previous to being taken down, the bowels had been costive. The pulse during the whole continuance of the case, was about 100, weak and soft when she was quiet, but upon the least excitement or exertion becoming temporarily full and strong. There was obstinate constipation, incessant vomiting of acid matters, a sense of burning at the epigastrium. The skin was rather warm for the first two or three days, but after that, cool. The next case is of a somewhat similar character, occurring in Oct. 1847, and in a different neighborhood, but in a malarious district. (My notes are not full.)

W.B. *æt* about 45 years, had been ailing for some weeks, took some Calomel and oil, felt better afterwards, but never recovered his strength; said he felt pretty well, but could not work. On Wednesday 27th Oct., went outside his house to cut some sticks of firewood, but could not work above a few minutes without sitting down; could not eat his meals, and next day was much troubled with a sensation of burning at the epigastrium, which indeed, he had occasionally felt for weeks before. Had great eructations; no appetite; took some salts which operated from 7 A. M., till 7 P. M.; stools watery. I saw him on the 30th at 6 P.M., he had vomited twice this day, a quantity of bluish green water, with a thick, dark colored, grainy sediment; he could not eat and had great thirst; said he *felt* all right *below* the stomach; skin cool, feet had been cold and were still disposed to be so; pulse regular, about 80, a little sharp, but compressible; cheeks flushed; great nausea; had pain and soreness in upper maxilla, and occasionally in the hips, and over left side of the thorax, which were even tender to the touch; had a little cough and expectoration, but no pain on deep inspiration; no abnormal murmurs in lungs; the matter vomited was VERY sour; gave Soda Carb. but with no evident benefit; at 7 P. M. gave Quinine gr. x., Morphine gr. ¼, in pills; at 8 P. M., said he felt easier, but as if he had a knot in his stomach; left him with orders to take Quinine gr.v. Calomel gr. v. Morphine gr. ⅛, every 4 hours, with Soda Carb. ad libitum, for the vomiting, and Cremor Tart. Jalap and Soda, to keep the bowels in a solvent state. Saw him again next day; pulse then 80, and small, skin cold, still had the epigastric burning, had vomited excessively; a mistake was made in not giving him the calomel with the quinine; the bowels had been moved three times, but he had first to take all the powders, (comprising Cremor Tart. ʒ. iv, and Jalap ℈j.) The motions were dark, watery and very offensive ; tongue moist, and rather red at the apex ; still had tenderness and burning at the epigastrium. Urine free ; cheeks flushed ; nausea and thirst excessive. Ordered cloths wrung out of cold water frequently changed to be applied to the epigastrium, with Calomel gr. vi. and Morphine gr. ¼. at the time, and Calomel gr. vi. and Jalap gr. viii. every 3 hours, till they operated ; give Soda water ad libitum, and if he should feel chilly, use sinapisms instead of the cold wet blankets. On Nov. 1st, he was better; no vomiting, pulse soft, 66, bowels freely moved, motions black and fœtid with some scybala; urine free ; no headache, (which had previously been present) has taken some chicken broth ; he kept gradually improving under the same course, with the addition ,towards the latter end, of Quinine and Iron and occasionally Turpentine. I dismissed the case on the 12th.

On 7th Oct. 1847, G. K. aged about 35, sanguine nervous temperament, was taken after very similar premonitory symptoms, with some little fever for the first two or three days, intense restlessness, incessant vomiting of sour matters with a sense of burning at the epigastrium ; *headache, pain in back and thighs;* bowels costive, pulse oppressed, tongue pale. After the 2nd or 3rd day his skin became cool, but the vomiting continued. The bowels yielded to one or two active doses of ordinary purgative medicine, and the stools were like tar, and horribly offensive. He has since complained at various times, of threatenings of a return of the same, as he has languor, pains in the back, and limbs, &c., but he is a little fanciful I think.

On 18th Sept. 1847, I was called to attend the family of Mr. B., who had been deluded into putting himself under the tender mercies of one of the pepper-box fraternity, alias steamers. There were sick, Mr. B. and his wife, a little girl of 9 years, and a boy of 7 years old; the latter was dying of dysentery, and the tortures of red pepper injections which had been administered till the poor creature no longer possessed human intelligence, but upon each call of nature would bolt up in bed, and before any one could support him, fall headlong to the floor. He appeared to have lost all self government or consciousness beyond sensation in the rectum; that indeed, in his case, appeared to be the centre of sympathies. The others were well marked cases of the so called milksickness, occurring on a spot, on which it is—be its cause what it may—endemic. The symptoms were of course, not in their simple condition, as the violent and absurd means, which had been already employed, had of course, modified and exaggerated some of them very much. But the common symptoms of pain in the back, head and limbs; the intense craving thirst; the absence of any marked fever; the incessant vomiting of acid matters; the burning at the epigastrium; the obstinate constipation; the cold extremities; the restless indescribable distress; were all present; and in the husband, of a plethoric sanguine temperament, the over stimulation, and maltreatment had given rise to the most violent convulsions, with loss of consciousness, and a bounding pulse. The latter gave way to free v. s., All these patients had had the premonitory symptoms of languor and heavy limbs, popularly called the Tires. The treatment, though eclectic, was essentially the same, and all except the boy recovered. These cases were all, except the 2nd, on the west side of the county, towards the Little Wabash, where low swampy bottoms extended westward of them, and this circumstance applies equally to the second case, which occurred in the South part of the county. During the same period I find on my book brief minutes of a number of cases noted as irregular Intermittents, complicated with Dysentery, also occurring on the west side of the county.

In most seasons our most healthy district is to the east of the town, unless you go too near the Bonpas Creek. But from the beginning of July to the end of Aug. 1847, we had on the east, and extending north and south, a fever apparently different from what we are accustomed to. But I believe the difference was in grade only. It appeared to rage among those who lived in good houses and were well fed and clothed, as much as among those in different circumstances; (by one practitioner it was called a brain fever) and went *through* nearly all in a house when once it began. My notes supply me with few details, for I was too incessantly occupied to make many. But I would call it Typhus or Typhoid, (though I could discover no cutaneous rash or spots,) or rather as Armstrong & McIntosh call it, Congestive fever, and it tallied with Dr. M's. description most closely. The previous indisposition; the sense of oppression; the headache; the low, quiet delirium; the suffused conjunctiva; the teeth and lips covered with sordes, with the general tendency to Diarrhœa. and even in some cases to Dysentery; and be it observed, these symptoms only differ in degree, not in kind, from the group we have last described. It appeared to concentrate its greatest force on certain spots, and though many other cases occurred, they were more dispersed. Yet there was no ground to consider it contagious. In the house in which occurred the first case of it which I attended, the whole of those taken during the epidemic recovered; but the wife who had hitherto escaped, after nursing the whole family was suddenly taken with a congestive chill, and died in 12 hours; this was three weeks after I had quit attending the others, and just at the same time that the milksick and congestive character began to be most marked. But I look upon this case as of a kindred nature with the previous ones; only that it took a different shape from difference of constitution, and the exhausted state of the nervous system, from fatigue and anxiety. More north in the county, the cases took a more Dysenteric type. In the latter part of Aug. and Sept. the sickness changed a little, taking on a more intermittent, though not a milder form; approximating more to the character of the case I have just noted, though generally it was more prevalent towards the Little Wabash. I was called to one house on a bluff over the Little Wabash flats, where six were taken down in two days; some were immediately delirious with rending headache; others were cold and puking. Through October the sickness much abated, but still it maintained much the same outlines; and in many instances continued to bear the peculiar features of what is called milksickness. And I would request particular attention to the fact, that the time when the fevers in certain spots took the algid form, was also the time, when in other localities, the milksick group of symptoms became most prominent; in some cases the symptoms of each class, so running into one another, as to make the diagnosis a matter of difficulty. Through Nov. and Dec. the same typhoid tendency, which had so specially marked the middle months, gave a color to all the cases, modified as the weather grew colder, by Pneumonic complications, especially in the flat wet grounds, and in those who had been much exposed, or badly clothed; constituting what is so indefinitely called winter fever, or more properly Typhoid Pneumonia. We had at this time some mild cases of Scarlatina, in the town; but still, as previously, the chief sickness this year appeared to the west of the streams or flats. During a considerable part of the summer, we had a most unusual prevalence of easterly winds.

In regard to the early part of this year, the sickness was not of any particular character; scattering cases of Diarrhœa, Dysentery, Intermittent, &c., occurring, with, in June, two rather marked cases of typhoid fever. But as pointing out the generally progressive development of the prevailing type, already described, I find under the date of 9th June, this note upon my book. " J. H. and wife: disposition to drowsiness, when free from pain and headache;

vertigo on stooping, or sudden motion; dark stools; a feeling of languor and oppression; anorexia; alternate feverish and chilly sensations; pulse low, and when I saw J. H., his skin was cold and clammy, (the general initial symptoms of the sick just now)." In the succeeding month commenced the fever above described.

I have taken a rapid glance at the primary character of the ailments in 1847. Did those of 1848 bear the same stamp? Not exactly; though still the resemblance was considerable; but the average of sickness was in my neighborhood much less. During the early months, the cases bore very much the same features, as in the latter months of the preceding year. But in May, intermittent fevers became common, in many cases, running into congestive remittents: the same may be said of July, the congestive character increasing in frequency and gravity. During this month, there were also some cases of Jaundice; and in the low grounds towards the mouth of the Bonpas Creek, some few cases of Typhoid Erysipelas. In Aug. the tendency to low congestive remittent still increased; accompanied in its own localities, with milksickness; the same may be said of Sept., the amount of sickness abating towards the latter end. Through Oct. Nov. and Dec., the cases were of a promiscuous character; with some few instances of Typhoid Pneumonia, towards the end of the year.

Now, through all this period, in all these various phases of disease, or disorder, as Armstrong, I think more correctly calls it—was there that similarity of symptoms, that would warrant the opinion I entertain of their common parentage? And here I would remark, that I have great doubts whether malarious effects are generally manifested, the season of the inception of the cause; as the greatest results are generally perceived in the middle months, while it is most probable, that the greatest elaboration would be towards autumn. We know, indeed, that the disease may lay dormant, till some exposure to a further depressing cause, as cold or fatigue, lays a spark on the train. Of this we have a remarkable example in the cases of the British soldiers, who returned apparently unscathed, from the Walcheren Island, where so many of their comrades had fallen victims to its malignant intermittents; and yet, some months after their return to a salubrious atmosphere had, by mere change of weather, the same disease developed. It has probably been remarked by others, as well as myself, that emigrants rarely become subject to endemic diseases, the first season they are here. A modern English writer, (Carbutt) in speaking of the exemption of Manchester from intermittents, observes:—"But do we never see this ague there in Manchester? oh yes; we see plenty of it. The poor Irish who go in the fall to assist in the harvest, in Lincolnshire, Cambridge, &c., come, many of them, to winter in Manchester; and the first east wind that blows in February March, brings out the paroxysm of ague, which they had caught in the autumn; but which had lain undeveloped and unsuspected in the system, till aroused by such weather as we generally have in February and March." *Till* (he might have said) a call was made upon the vital energies of the system which had been sapped before.

Well, then, let us look back and sum up the evidence. In the early months we find but little peculiar: their diseases in fact belong to the group of winter, and it is not till about April or May, we must look for the starting point. Then we see Intermittents of mild character generally, merely exhibiting the want of nervous tone; but gradually progressing with the year, and the fresh obnoxious cause, aided by the debilitating effects of heat and fatigue, into a graver character. It is now we begin to meet the imperfect reaction, the protracted chill; the prostrate nervous energy: showing clearly that the being taken sick, as it is called, is but the bursting forth of the smouldering fire; for they have been long sick, and the visceral complications are the result of protracted causes.—

Question your patient: he will tell you he has not felt well for some time; he was quite unwell some weeks back, but got better; he has had bad taste in his mouth; irregular bowels; his appetite has often been capricious; but he felt well when at work. We all know how common is such a history, and yet with all this he thinks he was well, and he dates back his present attack to some cold, some getting wet, &c.

Let us look further. We have had cases of Milksick and Trembles, as it is called, with the long premonitory tires, as popularly styled, succeeded or accompanied by irregular appetite sometimes in excess, then entirely wanting; the fœtid breath; the irregular bowels; the pains in the back and limbs; and lastly, in most cases, the torpor of the bowels, often amounting to absolute constipation. In most cases, there is for a few days, an attempt at reaction or fever, but it fails, and then there is the cool skin; the burning at the epigastrium; the excess of acid secreted by the stomach: the consequence, I suppose, at first, and afterwards the cause, of the gastric pain: the excessive thirst; and often again, the ravenous appetite; the oppressed pulse; the depressed nervous sensibility, as evidenced in most cases after the first few days, by the dilated pupils; the miserable indescribable restlessness, the common consequence of congestive oppression; the black, tarry, fœtid stools; or else the green scylabous ones, (when stools are obtained.)

In some of these cases, the symptoms so vague, that even the neighbors, with all the popular belief in its specific and distinctive character, will contest among themselves, the question of its identity; and yet its fraternity could not be doubted by the observant physician, if similarity of pathological derangement, and symptoms, grouped in like order, and only differing in degree, be the criteria in diagnosis.

I have described as occurring at the same time, or just preceding—but in different parts of the county—Congestive Remittent Fever, of a most grave character; with headache;

pains in the limbs and back; vomiting; and in most cases, accompanying Diarrhœa, with epigastric and abdominal tenderness; and as the weather grew colder, Pneumonia. But what class of Pneumonia? Was it with high febrile excitement; pain; cough; hot skin, and flushed face? No, indeed: but a true typhoid disease, in a large proportion of the cases; with dry, dark tongue, and crusted teeth; Diarrhœa; feeble, quick pulse; and listless, yet restless feelings; and but little thoracic sign, but what the stethescope supplied.

In the succeeding year, 1848, we find pretty much the same record: the same classes of disease, appearing in the same localities. The following case, in Aug. and Sept., will illustrate in detail, the fevers of that year, classed by me, as congestive remittent. The location, a flat prairie, to the north east of a timbered swamp:

E. F., a girl of about 15; sanguine nervous temperament, was taken on Monday, 28th Aug., with fever and lassitude; no chill noticed; took some pills, which moved her bowels. I saw her on the 31st; at that time, the motions were dark and watery, with yellow shreds floating therein; tongue, broad, moist, and coated whitish yellow, with red points projecting through the coat, towards the apex; has had headache; is now dull and restless. On the night of the 29th was delirious; dropping asleep and waking up in great alarm; pulse soft and small; skin not hot; passes urine often, but in small quantities; has no appetite; not very thirsty, till last night. Quinine gr. vii.; Morphine gr. ¼; Blue Mass gr. v., every six hours; Sp'ts Ether Nit. Aqua Camph. equal parts; a table spoon full in water, every three hours.

1st Sept. Yesterday about 4 P. M., had a hot skin, which cooled down during the night; pulse now 72, soft and full; skin cool, and sweating; tongue moist, and coated whitish yellow; still some red points; there is a dry furred stripe, rather brown at the root, down the centre of the tongue, but not reaching to its point; slept pretty well nearly all day yesterday and last night; bowels not moved; urine more copious; face occasionally flushed; her eyes are natural; she is very susceptible to noise or talking, (perhaps caused by the Quinine;) has not eaten anything; not much thirst; says she has no pain anywhere. Quinine Sulph. Ex. Gentian aa. ℈j. in pills ix. three to be taken every six hours, with Blue Mass gr. v., continue Spirits Nitre and Aqua Camph.

2nd Sept. Is better; skin cool; pulse 70, small and weak; tongue clean and moist; no headache; no pain; bowels open; some scybala; slept well last night; has taken some chicken broth; continue same treatment, with wine or beer.

4th Sept. She is mending rapidly. R. Calomel gr. x., Jalap gr. x., and then resume the quinine pills, as before.—Dismissed.

This was a very mild and favorable case, yielding readily to treatment: I select it for its brevity. I would furnish many more, some of much greater severity; some mixed up of these symptoms, and those of the supposed milksickness, but I have already extended this paper too far.

These were diseases, in my belief, depending on Malaria for cause or color; and here I would wish to be understood, that I intend not to argue, that all diseases are so caused, nor even that all the cases that I have refered to, were wholly of that character. But that in all, the peculiar grades they took, when once developed, was dependent on the previous depressed nervous condition; the effect of Malaria. In the same way as the hysterical constitution, or the acquired diathesis of the habitual inebriate, modifies the character of every ailment to which such individuals may become subject.

I consider Malaria to be a depressent poison; the peculiar effect of which is to obtund or crush (in proportion to its concentration, and the constitutional resisting power of each individual,) the nervous system of those exposed sufficiently long to its action; as we see manifested in the oppression and Malaise, so generally experienced by persons for days or weeks previous to the attack of sickness, and as shown in the prostration, and insensibility to the stimulus of medicines, &c., in many bad cases of fever; and as we see in its more exaggerated form, in those fearful cases, where, as in a person asphyxiated, they sink beneath the cause, without nature appearing even to make a struggle.

In the following remarks, then, I assume the agency of Malaria as proved; and shall only now briefly point out the mode and channel, by which, I conceive, its fearful powers are brought to bear upon the system. In order more effectually to convey my explanation of its effects, I would recall to your attention the fact, and one which I think cannot be too familiar to our minds, of the division of the nervous system as defined by Bichat, into the nerves of relation or animal life, and nerves of nutrition or organic life. And it is to these last, that I think our attention is especially called, in connection with this subject; admitted as it now is, by Physiologists, that from the ganglionic system are derived those nerves lining the blood vessels; and therefore, receiving the first impression from all elements circulating in the blood, and also controling nutrition, secretion and absorption. Malaria we have assumed to be gaseous; and though capable, probably, of being to some extent absorbed through the skin, to our clothed bodies at least, its introduction must be clearly by the lungs; and let its constituents be what they may, must, like the oxygen of the air, enter the blood by endosmosis: thus in a moment is the whole nervous tissue, lining the vast area of the vascular system, subjected to its influence; which, if of concentrated force, and the resisting power relatively small, crushes it at once, as in some rare instances we see. Or acting gradually and slowly from its diluted state, paralyses by degrees or perverts, that vital energy, upon which depends the healthy functions of all the organs of secretion, or absorption; for what, after all, is secretion? what is absorption but vascular action?—What are the organs of secretion or absorption, but certain congeries of vessels specially circumstanced, and specially endowed for certain and specific departments of the same function? But is this prostrated condition of these functions, the whole amount of the mischief? Unfortunately not! This deranged condition of the several organs designed to purify or repair, leaves the circulating fluid, from neglect of its natural guardians, loaded with elements which should have been removed, and therefore, unfit for healthy nutrition of the tissues; and thus the torpor of function of one organ, may throw corruption and derangement through the whole. Thence results either excitement of function primarily, or by reaction, as in the excessive secretion of Dysentery or Diarrhœa, when endemic or epidemic, or accompanying or complicating fever, and perhaps we might even say in Cholera: or producing torpor, palsy of the intestinal muscular fibres, as exhibited in the so called milksickness, and the character of which palsy, is so peculiarly illustrated to us all in the constipation of lead colic; a disease receiving its special cause also, either by cutaneous or gastric absorption, or by inspiration; but from either mode producing the same results. But to return to our text. This same cause, manifests its action in either excessive secretion or suppressed secretion; in depressed capillary action and decreased capillary area, as we see during a chill, and the engorgement of the internal organs as its consequence, as we know occurs in the spleen and liver, and doubtless also in the network of veins surrounding the Theca Vertebralis, and, I believe, the cause therefrom of those dorsal pains, so constantly accompanying the first periods of our fevers, as also supplying us with a ready explanation of the origin of those anomalous pains in the limbs, of which our patients under such circumstances, make such bitter complaints. Upon what other view can we explain the strange symptoms we have most of us occasionally met with, of pain in the great toe or heel, and there only; a symptom said to have been peculiar to a disease known and dreaded through this country, many years ago, called by the people, Cold Plague, very fatal, little understood, and doubtless a peculiar shade of Congestive fever.

Now, then, I think I have shown that certain painful symptoms, common in many of our endemic diseases, are readily accounted for on clear pathological principles. Let us see what Dr. Bell, the great contemner of Malaria, says in reference to the production of local effects from general causes. In showing the one sided reasoning of the followers of Broussais, he has the following:—"In the first place, let us inquire whether any cause acting on the whole economy, is capable of producing local disease. Now I believe it is quite certain that such is the fact, and that we may have first a morbid condition of the whole system, and consequent on this, nervous local lesions. Several continental pathologists, but in particular, M.M. Gaspard and Majendie, have shown by repeated experiments, that we can produce all the phenomena of Typhus in the lower animals, by introducing putrid substances into the system. These gentlemen injected putrid substances into the veins of animals and applied them to the surface of wounds; and in every case where these experiments were performed, they observed that the animals became ill; had langour; loss of appetite; thirst; prostration; in fact all the symptoms of bad typhus, and in case of death, they exhibited local lesions, corresponding with those we meet with in the human subject in fever." Here, then, is admitted the capability of agents acting on the general organism to produce local effects; the accompanying symptoms too, of which, closely correspond with those we have sketched as resulting from Malaria. But surely I have said enough. That certain agents of a gaseous form, can, when inhaled, produce all these effects is well shown in the following extract from Christison's work on Poisons:—"In March 1817, a number of miners at Lead hills, were violently affected, and some killed, in consequence, as was supposed, of the smoke of one of the steam engines having escaped into the way gates, and contaminated the air. The gas present was supposed to have been sulphurous acid gas with carbonic, both in a diluted state; some who attempted to pass through died immediately, some made their escape after some hours, but some remained till the air was so far purified, that their companions could descend to their aid. When Mr. Braid first saw them, they were running about frantic and furious, and striking all who came in their way; some ran off terrified, when any one approached them; some were singing; some praying, and others lay listless and insensible; many retired and vomited. In some the pulse was quick, in others slow; in many irregular, and *in all feeble;* all who could describe their complaints had violent headache; some Tenesmus, and a few Diarrhœa; many recovered in a few days."

But let it be remembered that in these cases the poisonous gas was inhaled at once, and not during a long period, in a state of great dilution, like a secret foe, working unseen, till the superstructure of our health is trembling to its base. That constant and long continued obstruction of the cutaneous functions, from cold, or damp, or other cause, may by suspending the proper depuration of the blood, cause it, after a time, to become so loaded with effete matters, that by the irritation it may produce from the exeited vicarious action of other organs, and the depraved nutrition supplied to the body, may give rise to conditions, and symptoms of those conditions, in many points analogous to the effects of miasmatic agents, I do not dispute. But such would undoubtedly be cases of exception; similitudes, and not the rule, or the thing itself. The ordinary effects of vicissitudes of heat and moisture, we all know to be inflammatory diseases; such as simple acute Pleurisy; acute Pneumonia; Rheumatism; Inflammatory Erysipelas; Inflammatory Fever; Peritonitis, &c., &c, These are effects from sudden causes, acting on previously healthy bodies, and widely different, I conceive, would be our diagnosis, prognosis and treatment. In this relation, is, I think, one of the most important bearings of our subject Are we to consider all these cases in different districts, and on different soils, as alike? Are we to treat Pneumonia, as occurring in our low, swampy grounds, with the same means we would apply to the same disease in a hardy mountaineer? Is Erysipelas when epidemic to be treated in like manner, to the same disease, occurring in a healthy subject from some local irritation; or rather do we not know, that in certain spots, call them malarious or what you will; let the cause be bad air of one kind or another; our patients wear, not only in the pallor of their skins, and the size of their solid abdominal organs, but in the grade of their diseases, the stamp of their locality. In the words of Moore,

> "The trail of the serpent is over them all."

The proverb says, tell me the company you keep, and I will tell you what you are. But I say, tell me where you live, and I will make a very close guess at the character of your disorders: and indeed, is it true, that full often, to look in a man's face alone, tells but too plainly the character of the soil he lives on, and the air he breathes.

ARTICLE II.

Hæmorrhoides with Scirrhous Rectum —By R. WILLARD, M.D. of Oswego, Ind.

Mr. Alex. C. Bull, æt. 26, of good constitution, and temperate habits, was seized with a disease of the anus, supposed to be Piles, at the age of 20 or 21; after becoming troublesome, was treated by Physicians in Massilon and Wooster, Ohio, but without any apparent benefit. In 1846 he removed to Indiana, so infirm as not to be able to labour, nor had he been for a year previous to his return to his friends here. The diseased state of the anus and lower portion of the rectum, was becoming more and more formidable, and he resolved to visit Cincinnati, and put himself under the care of Messrs. Hill & Morrow, the former, Professor of Surgery in the Eclectic Medical School. These gentlemen excised by ligature one tumor; cauterized some, and discharged him with an assurance that he would soon be well. What the bill of these gentlemen was, I did not learn, but the brother informed me that during his stay of nine weeks, it cost him $400. Suffice it to say, that he returned to his friends unbenefitted. Science having failed to restore him; he again applied to some German pretender, and then to a professed Botanic, and finally, when the symptoms became so urgent as to threaten the citadel of life, I was sent foi also, and found him in the following condition: When repairing to his bed side, I asked him how he did. With apparent emotions of hope and despair alternating, he turned down the clothes to show me what a dreadful state he was in. My senses were shocked on beholding the enormous size of his abdomen, which I found on examination, to be tympanitic, and greatly emaciated; with hectic pulse; flushed face; parched tongue; dyspnœa, and much restlessness; wanted water constantly, and as frequently ejected it.

Having obtained a succinct history of his case, and being informed that he had not for some 86 or 88 days, had what might be considered an operation from the bowels, I proposed to examine the nature of the difficulty. He was accordingly laid upon a low bed, near the window, for examination. The sphincter ani, rectum, and all the soft parts between the tubera ischii, appeared to be a perfect mass of Scirrhus, and to the touch quite unyielding. I then attempted to introduce a metalic sound of some nine inches in length, feeling and probing into several fissures, and ultimately succeeded in passing the instrument up the rectum. On its withdrawal, no feces followed. I then informed him and his friends, that I saw no way in which I could render him a permanent benefit, and that a reduction of the abdomen was absolutely necessary to any relief, and in order to effect such a result, I knew of no other way than to discharge the gas by puncture of the parietes of the abdomen; but viewing the case hopeless, I should not attempt the measure without the full and entire consent of the patient and his friends; the latter of whom made no objections, while the patient, conscious that something must be done, wished me to operate. Having with me a small trocar, I passed it into the abdomen through the linea alba, some two inches below the umbilicus; the effect was, on withdrawing the stilet. that a sudden and forcible escape of gas followed, and the abdomen was reduced to nearly an ordinary size. The patient made no complaint in the operation, and said he felt relieved. My mind was now drawn to a consideration of the cause of this untoward phenomenon, as regarded the nature and extent of the disease, as also the practicability of any permanent relief. It occurred to me that possibly the natural passage might be made pervious, or an artificial one substituted. I therefore ordered an elder quill with the pith removed which I dressed up with cotton flannel in a manner so as not to lacerate the parts.

Having prepared a mucilage of cortex ulmi and lubricated my finger, with cautious perseverance I succeeded in passing it down the scirrhous affection in the channel of the true rectum; but the indurated condition of the surrounding parts, were so resisting as to preclude any passage of feces. Having withdrawn the finger, I then attempted the introduction of the canula, which, after using some address, turning and twisting, was carried above the stricture. The result was a passage of dark colored feces, in the amount and consistence of something more than an ordinary discharge from physic. About this time a sensible chill came over him, with returning pains and fulness of the bowels. Having taken a saucer of gruel soon after the operation of paracentesis, the question arose in my mind, whether it had become fermented so as to produce the tympanitic state of the abdomen, or whether a putrescent state of the viscera had not produced it. Suffice it to say he soon became inflatéd; while a train of symptoms began to assure me that death would claim its victim. He died in about four hours from the time I first saw him.

Now, the inquiry will arise, can the anus and rectum be so diseased as to utterly preclude fœcal discharge? Can a person subsist three months, by what chylopoietic nutrition the stomach and upper bowels are able to concoct, and take up, and at the same time the lower bowels serve as a reservoir for the feces during that time? Such seems to have been the above case, though the patient was greatly atrophied. Had it been practicable, it would have been interesting to examine into the pathological condition in the above case, and thereupon premise some efficient method of treatment; but circumstances did not allow a post mortem examination to be made.

Should the above case be thought of sufficient interest to find a place in your journal, it is at your option to insert or otherwise.

ARTICLE III.

Observations on the use of Coffee as a Cause of Disease.—By W. MATTHEWS, M.D., of Nicholsonville, Ind.

Because an article of diet or luxury is in universal use, it is not therefore, necessarily innocuous. On the contrary, several articles which are habitually used by a vast majority of the civilized world, are highly deleterious to the health of the millions who employ them. Most prominent among these are the various preparations of *Alcohol, Tobacco, Tea, and Coffee.*

Passing by the three first named substances, I design, in the observations which follow, calling the attention of the reader to some of the pernicious effects which Coffee, as it is commonly used throughout the Western Country, is capable of exercising upon the constitutions of its consumers. especially of those who use it, as the phrase is, immoderately.—It is true, that persons may live to a great age, and for the most part in the enjoyment of tolerable health, although they swallow daily small doses of poison; yet when the doses are increased, either in frequency or size, a more or less rapid decay and wretchedness is the consequence. Thus, the moderate spirituous drinker, may live to a great age, and even enjoy for the most part, an exemption from pain and sickness; yet no sooner does he become an intemperate drinker, than functional, followed sooner or later, by organic disease, ensues, and life, if not at once destroyed, is rendered burdensome, and the wretched victim drags out a miserable existence of pain and anguish. And the same, I conceive, is true, though in a degree less marked, when coffee is substituted for the alcoholic potations.

Hundreds and thousands of people, especially in the Western States, destroy their health by the intemperate use of coffee, as certainly as the unfortunate inebriate destroys his by the excessive indulgence in his peculiar vice. And it would not seem to be an irrational conclusion, that if large quantities of coffee taken into the stomach prove deleterious to the human system, when taken in less quantities, the same consequences follow, though in an inverse ratio. Admitting that a single cup of coffee, when suitably qualified by cream and sugar, does not act, either upon the nerves of the stomach, or upon the general nervous system, to which its action is chiefly directed, injuriously, yet the validity of the above proposition is not in the least lessened ; for here in the West, where everything is tending to extremes, it is not at all uncommon, indeed it is very common for nervous and exsanguineous females to consume, during a single meal, two, three, four or six cups of strong coffee, almost boiling hot, and perhaps, entirely unqualified by the cream and sugar. Is it not strange, that persons indulging thus intemperately in the use of a pretty active narcotic, should be able to resist its pernicious effects as well as they do? Nor is it uncommon for such individuals to repeat these enormous quantities two or three times daily. Even hot water, thus habitually swallowed, one would suppose could not fail to disorder the stomach, and ultimately lead to troublesome dyspeptic affections ; and such, there can be little doubt, would be the case, especially if accompanied by sedentary habits. Because the gastric juice when greatly diluted, it is well known, loses to a corresponding degree, its solvent power, upon which depends almost entirely the physiology of healthy digestion. But Coffee, when unduly indulged in, undoubtedly interferes with the process of digestion, not only by diluting the gastric juice and scalding the mucous membrane of the primæ viæ but also by disordering, by its narcotic property, the organs of the gastric secretion itself.

Now, it is obvious that the effects of the inordinate use of coffee will be seen, first, in the disordered state of the general nervous system ; and secondly, or concomitantly, in the disorder of the digestive apparatus. From often repeated abnormal stimulation of the nervous system by narcotics, we look for tremors, palpitations, headaches, general debility, and more or less irritability of temper. And such are precisely the symptoms that are evolved in persons addicted to the vicious practice of goading their stomachs, several times daily, with enormous quantities of strong, hot coffee. But most cer tainly, along with the symptoms above enumerated, we have superadded those common to dyspepsia ; such as constipation, a foul tongue, habitually high colored urine, tenderness of the epigastrium, heavy, dull, and persistent pain of, most often, the left hypochondrium, sallow or icteric complexion, lassitude, with a sensation of weariness throughout every part of the body.

For the purpose of more fully illustrating the subject, the two subjoined cases are offered. Similar cases might be mentioned to an indefinite extent, but as little advantage would be likely to result from a repetition of such examples, it is deemed unnecessary to occupy valuable space therewith.

Case I. A boy of twelve years of age, who from infancy had been accustomed to coffee drinking, during the last year had been in a state of ill health. He was pale and exsanguineous; features sharp, and contracted; complained frequently of severe headache; was peevish and ill-tempered. For months he had been suffering from universal tremors; could scarcely raise his hands to his mouth; and indeed, ultimately suffered a paralysis of his right arm and hand. Upon inquiring into the case, it was ascertained, that he was in the habit of consuming three large cups of coffee, once, twice, and not unfrequently three times daily. He took no medicine, but was advised to abandon, *in toto* his long cherished coffee, and use in its stead, a moderate quantity of cow's milk. With the suspension of the coffee, he began to improve, and in a few weeks was in the enjoyment of excellent health.

Now, there can be no question, that if the boy had been allowed to continue his coffee, despite the most judicious medical treatment, he would have remained in ill health, and after years of wretched valetudinarianism, would have become a prey to a pernicious luxury, of the injurious effects of which neither the child nor his parents, ever dreamed.

Case II. W. M., a medical man, of slender and delicate constitution, about thirty years of age, for several years previous to the last one had been the subject of dyspepsia, and its twin brother, hypochondriacism. His bowels were habitually disordered; being either constipated or suffering from Diarrhœa; he was subject to headache; was fretful, emaciated, feeble, short of breath; and upon the slightest exertion, either of body or mind, incipient syncope would be induced; there was irregular action of the heart and arteries—especially of the carotids—which led him into the belief, that he was the subject of incurable cardiac disease. But the most prominent and troublesome symptom was an indescribable persistent pain or uneasiness of the left hypochondrium, which tormented the unfortunate sufferer continually, and from which it was next to impossible to divert his attention, even for a moment. Every imaginary treatment was, of course, adopted in the management of this case; but all to no purpose. The patient being of temperate habits was *dieted* almost to death, yet every symptom seemed to be becoming more grave. The patient was a coffee drinker, and for several years had been in the daily habit of using a single cup, three times daily. This he was finally induced to abandon; and from that day—the day on which he parted with his old and long cherished companion, his improvement has been steady; and at this time his health is sufficiently good to attend to an extensive practice in his profession.

ARTICLE IV.

Singular Case of Malformation.—By C. A. HATHWELL, M.D., of Virginia, Ill.

I submit the following remarkable case which occurred in my practice, for record in the pages of this Journal, with considerable reluctance; but I deem it the duty of every practitioner to fearlessly give such extraordinary cases to the public, totally regardless of the opinions some may entertain and express.

Dec. 7, 1849. Called in great haste to see Mrs C. W., residing in the country. On my arrival found her flooding rather profusely: at once prescribed cold applications to the pubes, 30 grs Acet. Plumbi, 3 grs. Pulv. Opii, m. div. in pulv. No. vj., to be given at appropriate intervals; strictly enjoined perfect rest, with cool acidulated drinks. The lady was in the eigth month of her pregnancy. Upon inquiry, I learned the following history of the case: Not long previous to my being sent for, whilst at the wash tub, and leaning against the machine, suddenly the tub upset and she fell with great violence on her abdomen, across the tub. In the course of an hour afterwards hemorrhage ensued; this having become alarming, I was immediately called in. I remained with her until the flooding was considerably abated. Called next day; found my patient better, hemorrhage very slight; ordered much the same treatment, omitting however the Acet. Plumbi and Opium.

Dec. 23. Was again summoned to attend the lady, found her very restless, fretful and uneasy, feverish, cephalalgic, tongue loaded, breath hot and offensive, with dyspnœa, bowels very constipated, had had no operation for some 40 hours, &c.; was informed by an elderly attendant that she had been in labor five or six hours; but the pains were very weak. After some time I requested an examination, which was positively objected to. Taking the costive state of her bowels into consideration, I ordered enemata immediately, which was promptly attended to. A discharge of feces was procured and my patient was much relieved. The pains gradually became stronger, but with long intervals between them. Permission at length having been obtained, I examined the patient. I found the os uteri much dilated, and a hairy, soft, pulpy mass presenting itself. Pains became still more forcible and frequent. I endeavored to feel for a fontanelle, or something by which I could distinguish the mass that was there, but in vain. I confess I was at a loss to comprehend it, and felt quite uneasy. Pains now became very strong, and at each successive one, this hairy mass was gradually protruding itself, long and narrow, until some twelve or fourteen inches (it appeared to me) was beyond the Labia Pudendi. After a severe pain this part suddenly advanced, and at once assumed a round globular form, which I then discovered to be a head. In due course of time the whole was born. I cut the umbilical cord and took it away. It had evidently been dead some time; was discolored, and quite offensive. The description of the fœtus is as follows: the head was large, very soft, with apparently no ossification whatever; the eyes also large, the pupil particularly so. Where the nose should have been there was an entire flat space, terminating below and just above the mouth, in two small foramina. There was no external ear, but a small round hole on either side. The shoulders were depressed and bending forward; and upon investigation I found a deficiency of the clavicle on either side. There was no thumb on either hand, and the nails were on the inside of the phalanges; a thin membrane growing between them, from the metacarpal bones to the end of each phalanx, connecting them in a manner similar to the feet of a duck or goose. I perceived nothing further unnatural until we arrived at the patella which was situated in what should have been the popliteal space; the heel was anterior and the metatarsal bones, &c., posterior. Seeing the great distress of Mr. W., I forbore, through feelings of delicacy and respect, from examining it more closely.

I most earnestly requested him to permit me to preserve it, using every argument I was master of to persuade him of the propriety of so doing, but to no purpose. I was peremptorily refused, from conscientious prejudices against any thing of the kind. Seeing it was impossible to overcome his repugnance to my having it, I urged the matter no further. He would have it buried, and I never ascertained where. The lady stated to me that she had not felt the muscular movement of the child for some weeks previous to her accouchment. The placenta came away in proper time ; some hemorrhage ensued, much coagulated blood and some pus. I visited the lady some three or four times and she did well.— Her husband informed me in conversation some days afterwards, that this was the third time she had proved pregnant, and that twice before she had miscarried in the seventh month of her pregnancy.

ARTICLE V.

The Obstetrical Extractor.—A Paper read before the Chicago Medical Society.—By John Evans, M.D., Professor of Obstetrics, &c., in Rush Medical College.

The idea of laying hold of the head of the child to exert extractive force upon it, must have occurred to the first intelligent accoucheur in attendance upon a tedious or obstructed labour. And yet we have no account of any successful means having been devised for fulfilling this plain indication, which so frequently occurs in the practice of every Obstetrician, up to the time of the Chamberlains. And since the discovery and universal adoption of the obstetrical forceps, which, by general consent, are not proper to be used in one fourth the cases in which this kind of aid is indicated, the whole profession, has strangely enough, seemed to be satisfied with efforts at improving them, without seeming to think a better contrivance possible or desirable. So much so has this been the case, that when two years ago, I proposed to devise an instrument that would be simpler, safer, and more general in its application, I was met on every hand by the reply, that the forceps properly constructed were all that was wanted.— But the multiplicity of modifications through which the forceps have gone shows that there is great deficiency in the instrument.

Since the greatest obstacle in the way of improvement, is a want of a proper understanding of the errors and deficiencies under which we labor, I will, before describing the instrument I have invented, and used as a means of extracting the head of the child in difficult labor, direct attention to some of the numerous defects of the forceps. For, notwithstanding they are the greatest triumph of obstetrical art, if not the most useful instrument ever invented for the relief of suffering humanity; still, they fall far short of fulfilling all the indications for a resort to extractive force in parturition.

The size of the forceps, with their wide, rigid, permanently curved clamps, renders their introduction difficult; in all cases painful—often dangerous—and under many circumstances, entirely impossible. The dangers of lacerating the vagina, os tincæ and perinæum, and of destroying the child, from compression of the head, where much force is required, are familiar to all, and universally admitted.

A large number of cases evidently demanding such assistance as they give, are allowed to go on hour after hour, and sometimes, even days, without relief, from a horror of applying the forceps; which can only be the result of their danger and the pain necessarily inflicted by them.

The forceps are not applicable until the head has engaged in the superior strait, and according to British authors, not until it has descended into the cavity of the pelvis, and are not applicable until the os tincæ is dilated, under any circumstances. Hence, they are useless in many cases of hemorrhage, and convulsions, demanding speedy delivery.

They interfere with the natural rotation, if applied high up in the pelvis, and thus render the delivery more difficult.

The rules for the application of the forceps are so complex and varied, that they are learned and understood with difficulty, and the cases in which their use is recommended occur so rarely, that few practitioners are prepared to use them, when the emergency requiring it comes.

Certainly, under these circumstances, and in view of the great amount of suffering endured in consequence of the want of an instrument to fulfil the indications in these and other cases, it will not be out of place to give the results of my efforts to furnish the desideratum.

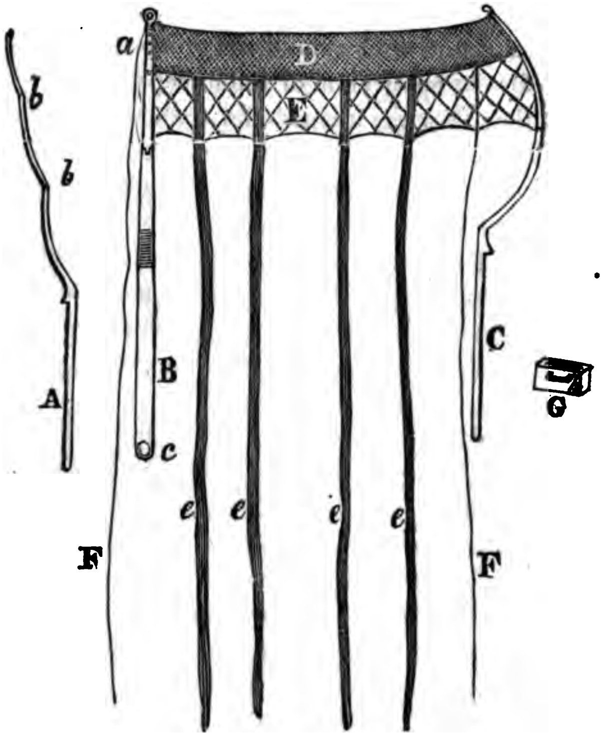
The ObstetricalExtractor was exhibted to my class in Rush Medical College during the winter of 1848-9; but, by waiting to test its applicability, it has not been made more public until now.

The principle upon which it operates is plain and simple, being that of placing a band or fillet around the head of the child above its largest diameter, and fixing the ends near together, by steel fingers, so that it cannot be drawn off. From this band straps pass down to the vertex and out through the os externum, to be grasped by the hand, and upon which the extractive force is exerted.

The band or fillet is applied after the manner of passing the ligature around a polypus by Gooch's double canula, as will be more readily understood after describing the instrument.

In the following cuts No. 1 shows imperfectly the instrument and its different parts, and No. 2 its position upon the head when applied.

CUT NO. 1 SHOWING THE EXTRACTOR.



A The edge of one finger extended as when introduced; *b b* joints.

B A finger showing the palmar face and the attachment of the band at (*a*) the ring on the end; *c* a hole in the end of the handle through which strings may be tied.

C The edge of the other finger turned up to show the curve when flexed, with band attached.

D The silk braid or fillet to which are attached straps of silk braid *e e e e*.

E A net-work two inches wide of small silk braid sewed together to form the meshes.

F F Fine silk braid strings attached to the band half way from the end to the centre and passed through the rings to draw the band into them.

G Sliding ring that slips on the handles to firmly hold them in apposition.

The Extractor consists of two blades or fingers of steel that are exactly alike; each 11 inches long, 5 inches of which is handle and 6 inches finger; a sliding ring; a silk band passing from one finger to the other, 9 inches long by 1 inch wide, and 4 straps of silk braid passing from it downward between the fingers, 18 inches long, and ⅓ of an inch wide. Between these straps and attached to the inferior margin of the band is a net work 2 inches wide, made of silk braid.

The handles are ⅝ of an inch wide, and 3-16ths thick, uniform and straight the entire length, so that a sliding ring can be passed over both when their edges are brought together, so as firmly to fix them side by side, as at *G*, cut 2.

The other part forms the finger which has a curvature to fit the convexity of the child's head. It is ¼ of an inch thick at the junction with the handle, for here the greatest strain comes on the instrument, but rapidly becomes thinner toward the end, until it is as much attenuated as it can be, to allow of two strong hinge joints (*b. b.*) in it. It tapers also in width from ⅝ of an inch at the handle to ⅜ at the end, where it is terminated by a ring, the hole (*a*) through which is ½ of an inch in diameter. The edges of the fingers are rounded and the hinges made so that they present no roughness. They allow flexion enough to adapt the finger to any part of the head upon which it may rest at the time, and extension enough to make it as straight (*A*) as is desirable in the introduction of the instrument. The slide holds the handle and fingers parallel and firmly together, so that their ends cannot separate.

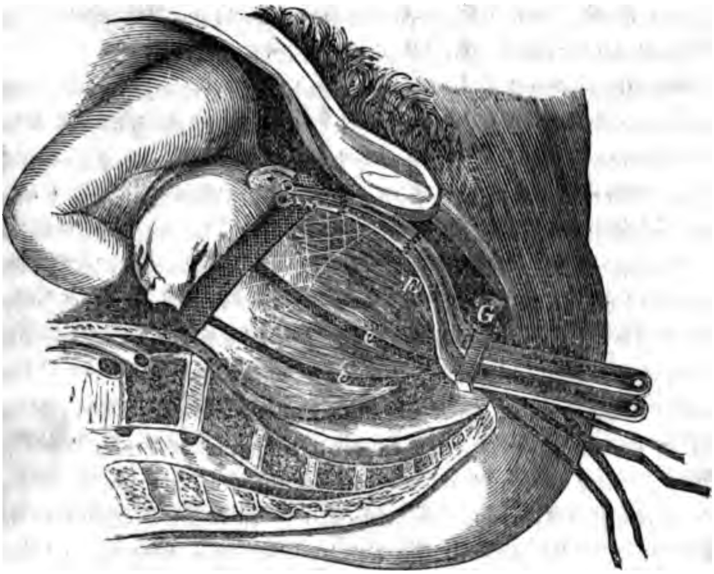
The band (*D*) or fillet is firmly attached to the end of each finger at the ring, and by a few drilled holes below it. This is the main part of the instrument as the steel fingers are only used to pass it around the head and hold it there.

The net work (E) is designed to keep the band from slipping over the chin of the child and to keep the straps in their places.

The straps (*e. e. e. e.*) are firmly sewed to the margin of the band nearest the handles, and pass down so as to reach some distance below the ends of the handles. These may be tied together at their ends, to form a loop in which the hand may hold when pulling to extract the child.

The thread or fine braid (*F F*) is to draw the band into the rings at the ends of the fingers, so that it will be carried entirely up during the introduction of the instrument.

CUT NO. 2 SHOWING THE APPLICATION.



To prepare the Extractor for application, draw the band through the rings, and tie the threads holding it to the ends of the handles; put on the slide, extend the fingers, adjust the straps, and dip the whole in oil.

To introduce it, pass two fingers of the left hand to the presenting part of the head of the child, or to the os uteri; take the instrument as prepared, by the handles, holding the straps in place, parallel with the fingers of the instrument, and pass it within the uterus, with the palmar surface of the fingers next the head. Then as it is passed up, flexion of the fingers will take place from traction on the straps and the pressure of the uterus, so as to keep them in contact with the head, as if grasping it. With the fingers of the left hand examine and adjust the end of the instrument so as to give it a right direction, then gently press it up until the curve fits upon the head, as seen in cut No. 2. When the end with its bunch of silk passes over the greatest diameter of the child's head, the resistance gives way and it becomes free.

In this process there is no danger of injuring either mother or child, if done with moderate prudence, as the end of the instrument is protected by the bunch of silk band drawn into the rings. Next the threads that hold the band thus, are loosened and the slide taken off. One handle is now grasped and gently carried around the head from its fellow to the opposite side. As the finger goes round it pays out the band at the very place desired. Care must be had that none of the straps are pulled at this stage of the process, lest they draw the band too far down. The other handle is next grasped and carried in the opposite direction until it meets its fellow. During this part of the process two points should be attended to, to facilitate the application. First, to relieve compression between the head and any part of the pelvic walls, the former may be pressed upward. And when the instrument is passing over the occiput, if passed far up, the end of it may strike against the child's neck and make an obstruction. If this occurs, slightly withdrawing the handle will obviate the difficulty.

When brought together the slide is to be placed upon the handles again and the straps adjusted with the fingers, so as to be about equi-distant from each other, gathered together and passed through the staple upon the sliding ring, and drawn down tightly. Thus applied, the slide on the handles holds the fingers of the instrument parallel to each other, and fixes firmly the ends near together so that the band cannot give or slip off of the head.

The instrument thus applied as seen in cut No. 2, is ready for the application of extractive force, which may be made as occasion requires either directly, obliquely downward, upward or to either side by pulling more forcibly the opposite straps. If the head needs its position altered, it gives us the best possible power for accomplishing it.

Although I have had but limited experience in the use of the *Extractor*, so far it has proved itself to be all that I could have expected. My greatest fear, before using it, was that it would be difficult of application, and especially in passing the fingers from one side of the head to the other, but in this, even when the head has been pressed down tightly in the pelvis, I have met with comparatively little difficulty, as the whole process of application required but a minute, and scarcely caused an extra pang of suffering to the patient.—But as the test of experience can scarcely be claimed for the Extractor, we will look at it philosophically and see what indications it will probably fulfil.

As it is capable of being extended beyond a right line as shown at A. Cut No. 1, it can be passed round the bulge of the head at any point in the maternal passages and from its small size, flexibility, and smoothness, with great facility.

These traits will also enable the operator to apply it even before the os uteri is dilated larger than the size of a dollar. The bunch of silk braid at the extreme end of the instrument, made by the band being drawn into the rings, makes a perfect protection from its being pushed against the uterus or child in a way to inflict injury.

The parts applied to the head, being a kind of silken net work, are in no danger of injuring the child.

The application of force involves but little compression of the head, which is left free to be moulded to the shape of the passage.

The straps being so soft and yielding, and their adaptation to the head being so close, there is no danger of contusion or laceration resulting from them. Even when the os uteri is but slightly dilated the straps would be in no danger of injuring it.

The head is so completely grasped by the instrument, that we can apply our force so as to make but little pressure on the mother's parts, in advance of the head.

There is no precise place on the head where the instrument must be applied, as there is no danger of its injuring any part. The small size of the instrument (its weight entire is 8 ounces) renders it convenient; its simplicity understandable and safe, and its cheapness commends it especially to those who have not been able to procure the forceps, on account of their price. The Extractor will probably not cost over 3 or 4 dollars when its manufacture is systemized.

The cases to which it is applicable are:

1st.—All of those in which the forceps are now recommended, excepting when the head may be so firmly locked between opposite points of the pelvis that it cannot be moved by compressing it upward.

2nd.—All labors protracted in the second stage, where it is possible to deliver with safety to the child. Being applied with little pain or danger there can be no excuse for allowing a patient to suffer the agonizing throes of labor, hour after hour, without progress, as is done in almost all such cases now, should the physician have the Extractor at hand.

3rd.—In labours obstructed at the superior strait of the pelvis it will be especially applicable, for the higher up the head is at the time, the easier will be the application of the instrument. This will be manifest if we consider how readily it can be passed up by the side of the head when the fingers are extended, and that the only obstacle likely to interfere with its application is in passing the fingers from one side to the other, of the head. The higher the head is up, the more loosely it floats, and of course, the less resistance of this kind will be offered.

4th.—Cases requiring speedy delivery at any time, either before labour has commenced (for the os uteri toward the full time is always dilatable enough to allow of its application,) or during its progress, as is sometimes desirable in convulsions, hemorrhage, and the induction of premature labour, to prevent craniotomy.

By applying the Extractor, immediately after the separation of the placenta, in placenta previa, as recommended by Prof. Simpson, probably the head may be kept so compressed against the os uteri as to prevent fatal hemorrhage, and possibly, sometimes deliver so speedily as to save the child.

In cases of prolapsus of the funis umbilicalis, the fold may be completely returned by placing it between the ends of the fingers of the Extractor, when it will rest upon the bunch of silk band as prepared for introduction, by which it can be carried entirely above the head and held there until the head is delivered.

The difficulty of describing an instrument that is entirely unique, may prevent me from making myself understood without exhibiting it, but I think no one will fail to see its plausibility, upon an examination of the Extractor itself.

That it will fill most of the indications pointed out, I have no doubt, but extensive experience must be the test of the range of its usefulness.

Chicago, April 15, 1850.

ARTICLE VI.

A Case of Uterine Hemorrhage.—By Isaac E. Thayer, M.D., of Grand Prairie, Wis.

On the evening of the 27th January, I was summoned to attend Mrs. E. H., in labor with her first child. On my arrival I found the uterine contractions irregular; os uteri but very little dilated, the soft parts in a rigid and unyielding state.—Accordingly I administered Tartarized Antimony 2 gr., Gum Opii 2 gr, and after the space of two hours the soft parts became quite yielding, and the labor advanced regularly until the head arrived at the inferior strait of the pelvis, where it met with some resistance on account of the large size of the head. I applied the forceps and delivered without much trouble. On examination I found the placenta adherent over its *whole* surface; the uterus was excited to contraction by external friction, and grappling the abdomen, which availed nothing in the expulsion of the placenta. I then proceeded to deliver, by introducing my hand and seperating its attachments, which resulted in a *profuse and alarming* hemorrhage, producing syncope in the space of three minutes. I immediately compressed the abdominal aorta firmly, while the contractions of the uterus were produced by the administration of fifteen grs. Ergot, and a continuous stream of cold water falling, the distance of eighteen inches upon the abdomen. The alarming symptoms soon subsided, and the mother and child are both doing well at this time.

ARTICLE VII.

Western Medical Society of the State of Wisconsin.

A Convention of Physicians and Surgeons from the counties of Iowa, Grant, and La Fayette, and State of Wisconsin, assembled in Shullsburg, La Fayette Co., the 4th day of December, 1849, and proceeded to organize a Medical Society, which is called the "Western Medical Society of the State of Wisconsin," and the following named persons were elected for one year, to the various offices respectively, as follows:

Dr. J. W. Clark, of Plattville, President; Dr. A. P. Ladd, of Shullsburg, Vice President; Dr. Geo. D. Wilber of Mineral Point, Recording Secretary; Dr. J. S. Russell of Plattville, Corresponding Secretary; Dr. G. W. Phillips of Dodgeville, Treasurer; Dr. H. Van Dusen of Mineral Point, Dr. A. P. Ladd, of Shullsburg, and Dr. J.W. Clark of Plattville, Censors.

A series of By-laws, Orders, &c., were adopted by the Society, and also the Code of Medical Ethics, recommended by the National Medical Convention in 1847. Several of the popular movements of the day, were touched, without any definite action upon them.

Resolutions approving of the National Medical Conventions, and American Medical Associations, were introduced and unanimously adopted, and a copy of their proceedings ordered for the Society. Dr. H. Van Dusen, was chosen delegate to attend the latter at its next meeting.

The best feeling pervaded the meeting, and all seemed determined to stop the inroads of quackery in any of its various forms; to assist in promoting the harmony and interests of the Profession of Medicine, and in elevating the standard of Medical Education.

The Society holds its sessions semi-annually, and its next meeting will be held at Mineral Point, the first Tuesday of June, 1850.

GEO. D. WILBER, M.D., *Recording Secretary.*

Part 2.—Reviews and Notices of New Works.

ARTICLE I.

Transactions of the American Medical Association, Instituted 1847. Vol. 2 pp. 956, 8vo. Philadelphia: printed for the Association, by T. K. & P. G. Collins, 1848.

This anxiously expected volume has at length appeared on our table. The vexatious delay in its appearance was owing to the want of punctuality on the part of the various Committees, in furnishing their reports, and returning the proof sheets to the Publishing Committee. This statement is due to the Committee, in order to exonerate it from the charge of tardiness, which was everywhere being preferred against it. It is but common justice that the blame should attach to the proper persons.

The mechanical execution of the volume is excellent. We regret to see that a number of typographical errors of a vexatious character, have crept into the body of the work. We allude to the frequent misprint of the names of authors alluded to in the various reports. We suppose, however, that it is next to impossible to bring out such a volume, without mistakes of this character.

As this is, to the American Physician, the most interesting and important medical publication of the year, we shall not apologize to our readers for going somewhat into detail in our notice of its contents.

In the first part of the volume is contained the minutes of the session of the Association, an abstract of which we have already presented to our readers, in a preceding number.

The first report in the volume is that from the Committee on the Medical Sciences. To this report we have a few objections. The chairman of the Committee sets out by informing us that although instructed by the Association, to confine the report to the progress of the Medical Sciences in our own country, he had deemed it best to embody the discoveries in this department the world over. Now we have no doubt the entire profession concurs in the propriety of the instructions given by the Association to the Committees, and we do not recognize the right of the Committee to set at naught the specific directions laid down for its guidance. We are also informed by the chairman of the Committee that his files of American Medical Journals was found to be incomplete, and that this defect was not noticed until too late to remedy it. Of course this renders the report to some extent defective. We are told, however, in this report, that the Committee appointed for the present year, will probably be more careful in in this particular: and we hope the prediction will be verified. We are not informed whether or not the Committee's files of European Journals were incomplete; but we infer, from the abundant reference to them, that they were not.

We submit a brief synopsis of the more interesting points of this report, which have not heretofore been brought to the notice of our readers. Prof. Parker has revived the views of McIntosh, touching the pathology of Dysmenorrhœa, and gives the following result of Treatment.

> "PATHOLOGY OF DYSMENORRHŒA.—Professor Parker has treated a number of cases of dysmenorrhœa within the past year, upon the theory that the difficulty lies in the narrowing of the os uteri, and perfect success has attended the practice. He relieves the stricture by introducing a bougie of sufficient size, precisely as he would remove ordinary strictures from the urethra. From much observation, he is satisfied that many, if not most, cases of dysmenorrhœa depend upon this mechanical obstruction, and that the mechanical treatment proposed will save numbers of the sex from years of intense suffering, and relieve them from the evil of sterility."

Dr. Cartwright is responsible for the following, in which, the rapid increase of Western population is accounted for, in the most natural and satisfactory manner in the world:

"**Causes of Mortality in the Valley of the Mississippi.**—Dr. Cartwright refers the mortality of the States west of the mountains to three principal causes. 1st. Malaria, and the too common practice of treating malarious or bilious affections, congestive fever, pneumonia, &c., as the diseases of hyperborean Europe are treated. 2dly. The large amount of adulterated, stale, and worthless medicine brought into those States and used by physicians. 3dly. The immense consumption of nostrums and patent medicines of all kinds by the " western people in attempting to doctor themselves." The mortality of the Western States does not appear as conspicuously as it ought, " owing to the women in the Mississippi valley being twice as *prolific*, or nearly so, as the women east of the Alleghany mountains. For every 1000 women east of the mountains, between the years of 15 and 50, there are only on an average about 1200 children, or persons under 15 years of age; while, for every 1000 women between 15 and 50 west of the mountains, the average number of children or persons under 15 years of age, is 2200. Owing to this greater fecundity of western women, if there were no emigration from the east, and the mortality in the west was the same, the west would double its population in nearly half the time of the east." But it does not do this, allowing for what it gains and the east loses by removals. and the deficiency is occasioned by the greater mortality of the valley of the Mississippi."

On page 97 we find a description on the therapeutic properties of Quinine. Dr. Booth " concludes that the power of the medicine depends on an *anti-congestive* property, the result of a tonic action on the nervous system." He thinks periodicity is always to be met with Quinine, whether inflammation be present or not; and then, inconsistently enough, discourages its use in Remittent Fever. Dr. Shanks regards it as a sedative, and administers it in acute inflammations.—Dr. Mendenhall thinks that although Quinine has some properties peculiar to itself, it must be classed as a stimulant. Dr. Brickell relates a case of traumatic tetanus, treated by large doses of this drug. 30 grs. in 60 drops of laudanum, were administered twice in one day, and three times the following day, with entire relief; and this, after chloroform had failed to alleviate the spasms.

Under the head of Medical Jurisprudence, some interesting items of information are given. Calcined Magnesia is strongly recommended as an antidote to Arsenic—the remedy to be administered *pro re nata*. The Carbonates of Potash and Soda are recommended as antidotes to the Chloride of Zinc.

At the close of this report is a careful, well written summary of the present condition of our knowledge on the subject of Anæsthetics. In our opinion, this is the most valuable portion of the report; but as it is itself an abstract, and as many of its most interesting points have already been presented to our readers, we content ourselves with heartily subscribing to the sentiment with which the report concludes: "That finally, with all the drawbacks upon them, Anæsthetics form a most precious contribution to the resources of our art."

The next document in the volume is the report of the Committee on Practical Medicine. Of all the Committees, we should suppose this one had the most difficult duty to perform. To collect the history of the epidemics and endemics over so large an extent of country as ours, would require that the Committee should be composed of persons from all quarters of the country, and that each member should industriously co-operate with the chairman.

The author of this report (Dr. D. F. Condie), is well known to the profession as a gentleman of most extensive research, and indefatigable industry; and we may therefore rest assured that no labor and pains have beeen spared to render the report interesting and valuable.

The principal epidemics of the year ending May 1849, were Typhus or Ship Fever, Erysipelas, Dysentery, Cerebro-Spinal Meningitis, Yellow Fever and Cholera.

Appended to the Report, are, First, A Report on *The More Prevalent Diseases of Swedesboro, N. J., and its Neighborhood, during the year* 1848: By Dr. J. F. Garrison.

Second, *An Account of the Dysentery, as it prevailed in Cambridge, Mass., in the years* 1847 *and* 1848: By Dr. Morrill Wyman. Dr. W. Placed his main reliance on Opium; and his treatment seems to have been attended by very satisfactory results.

Third, *On Bilious Fever, as it prevails in the Eastern portion of New Jersey:* By Dr. J. Fithian. Dr. F. thinks that when the fever is high, the best mode of treatment, is to precede the use of purgatives and quinine, by bleeding.

Fourth, *On Erysipelas, as it prevailed in the Eastern portion of New Jersey; with some Remarks on Erysipelas of the Respiratory Mucous Membrane:* By Dr. J. Fithian. His mode of treatment presents nothing peculiar.

The next document in order is the excellent report of the Committee on Surgery. This is short, concise, and very much to the purpose. The first part is taken up with a summary of Anæsthesia in Surgical Practice.

Of the Gutta Percha as a surgical appliance, the Chairman speaks as follows:

"Very recently, if not within the last year, a new, and remarkable material has been furnished to the profession, for the mechanical treatment of fractures. The Gutta Percha, to which we allude, possesses a property by which, when immersed in hot water, it becomes as plastic as wet paper. On cooling, it instantly recovers its firmness, which is almost equal to that of horn, retaining whatever form may have been impressed upon it when warm.

"This property will, at once, suggest to any one who has employed the starched bandage, the usefulness of the article, in the formation of moulded splints. We have, however, searched the communications of our correspondents, as well as the journals, in vain, for any reports of its use by *American* surgeons. Another year may furnish interesting facts in relation to it. We have ourselves employed it with great satisfaction in fracture of the patella and of the leg. Prof. Wiltenberger, of Baltimore, is now employing this form of splint in treating a case of ununited fracture after resection. He informs me that it accomplishes the mechanical purpose with beautiful precision."

Prof. Pope has used with good results, in the treatment of fractures of children, splints formed by saturating strips of linen with Collodion. He regards such a splint as superior to the starch or dextrine bandage. Our readers will perhaps recollect that a great noise was made sometime since, concerning Jarvis' *Patent* Surgical Adjuster. The fact of the apparatus being patented, led us to infer that there was probably something wrong about it; and we see that it is herein condemned as a deficient and unsatisfactory instrument.—Prof. Smith presented to the Association, a new method for the treatment of dislocation of the shoulder, which we here furnish to our readers:

* * * * "Its peculiarity chiefly consists in the application of the counter-extension to the opposite wrist, extension being made from the wrist of the dislocated member. Steady traction from the two wrists, in the horizontal direction, will be observed immediately to erect the head, neck, and chest, and to restore the symmetry of the two sides of the body. This at once calls to our aid the action of numerous muscles. The object of counter-extension, is, of course, to fix the scapula of the injured side. Traction from the opposite side most effectually does this, first, by erecting the spine, which otherwise yields to the extension, and, more directly, by communicating support to it through the clavicles which in front fix the two scapulæ together, and behind through the muscles and tendons, which effect the same on the back. Support one scapula and you necessarily sustain the other.

We accomplish reduction, in many instances of dislocation into the axilla, by simple traction, for a few minutes, from the two wrists. In difficult cases we place the patient on a chair, pass a band (sheet or towel) over the top of the saapula and tie it beneath the chair. The knee of the surgeon is then placed in the axilla, and traction is made steadily from the two wrists, till the muscles are observed to yield, and the head to be disengaged. Then the surgeon directs the arm to be depressed, while at the same moment he urges his knee into the axilla by extending his foot. We have succeeded thus in cases of two months' standing, and where other methods in judicious hands have failed. Indeed, we now practice no other method."

Dr. Bigelow uses Gutta Percha for taking impressions of stricture of the Uretha:

* * * * "He employes it thus: A bougie of this material is oiled, and then its point is passed to and fro rapidly, in the flame of a candle, till the nail will indent it. If it be now quickly passed down to the stricture and urged against it, with a force equal to an ounce or two of weight, and then allowed to cool during three or four minutes, it will retain, when withdrawn, a perfect impression, thus furnishing to the operator information, which will give precision to the mechanical means subsequently resorted to."

The report on Obstetrics is somewhat incomplete. The Chairman being incapacitated by continued ill health, from discharging the duty imposed upon him, a brief report was furnished by another member. There are two points which we deem worthy of notice, and therefore present them. The first has reference to treatment of Occlusion of the Vagina:

"This state of parts, resulting most commonly from injuries suffered during parturition, but sometimes from acrid leucorrhœal discharge, and sometime existing congenitally, has fallen under the notice of most obstetricians. During the past year, a new operation has been performed by Dr. A. P. Hayne, of Charleston, S. C. The adhesions of the vaginal wall were broken up by the preserving use of compressed sponge, and at the end of ten weeks the canal became pervious, and the retained menstrual fluid, which had been collecting for more than a year, was discharged ; she did perfectly well.—This operation, if hereafter found effectual, has obvious advantages; on the one hand, over the use of the knife, as avoiding the great danger of cutting into the bladder or rectum; and on the other, over the operation by laceration, practised by Amussat, as inflicting much less pain. and producing less local and constitutional irritation. It deserves to be borne in mind as an available means of relieving cases of great danger and difficulty."

The second is a new mode of managing Placenta Prævia.

"It is to the active and original mind of Prof. Simpson, of Edinburgh, that we owe the revival of a practice first suggested by Mr. Kinder Wood, of Manchester, who proposed to separate the placenta entirely from the uterine surface, as a means of checking hemorrhage in placenta prævia. This new practice is advocated on three distinct grounds.

"1st. The old plan, of rupturing the membranes and turning the child, has been, according to recorded experience, singularly unsuccessful, one in three of the mothers perishing, and the proportion of children saved being inconsiderable.

"2d. In not a few cases, the rigidity of the os and cervix uteri renders the operation of turning exceedingly difficult; indeed, almost impossible; and, when performed under such circumstances, it is nearly always and of necessity fatal.

"3d. The detachment of the placenta will, in the vast majority of cases, immediately and effectually check the hemorrhage."

We here close for the present our notice of this valuable and interesting volume. We will, in a future number, resume the subject; as we feel assured that our readers cannot but be gratified with a summary so purely the exponent of professional progress in the United States.

This volume may be obtained by remitting Three Dollars to Dr. Isaac Hays, Philadelphia. M.

ARTICLE II.

Principles of Human Physiology, with their chief Aapplications to Pathology, Hygiene, and Forensic Medicine.—By WILLIAM R. CARPENTER, M.D., F. R. S., F. G. S., Examiner in Physiology in the University of London; corresponding member of the American Philosophical Society, and of the National Institute of the United States; Lecturer on Physiology at the London Hospital Medical School. Fourth American Edition, with extensive additions and improvements by the Author. Two Plates and three hundred and four wood-cuts. pp. 750, 8vo. 1850.—Lea & Blanchard, Philadelphia. (From the Publishers.)

Altogether this is the best text book within the reach of the Medical student. Its author is a highly distinguished Anatomist and Physiologist, and his work gives evidence of extensive, patient, and discriminating research. The volume before us is a complete summary of all the modern discoveries and doctrines of the most distinguished physiologists, and is therefore superior, as a text book, or work of reference to any other now in the market.

The Author has, in our opinion, improved his work by the substitution of more rational views of the Nervous System, than those contained in the former edition. For however ingenious and plausible the theory of Marshal Hall, it lacks the exactness necessary to produce conviction in an inquiring and candid mind. The chapter on Generation has also undergone thorough revision and alteration, and may be regarded as containing the received doctrine on this interesting topic.

At the close of the volume is an appendix containing two short chapters; the one devoted to Phrenology, the other to Mesmerism. We are pleased to see on record in a standard medical work, accessible to the entire profession, a summary of the anatomical and physiological facts, which in our opinion, entirely invalidate the conclusions of the Phrenologists. The chapter on Artificial Somnambulism and Mesmerism, though not as full as we could desire, is yet very interesting, and suggestive to the physiologist and mental philosopher, of many important reflections.

There is one circumstance connected with the appearance of this volume, which is worthy of remark. This edition was specially prepared for the American market, the demand here having anticipated the exhaustion of the last English edition. We would infer from this, that medical books meet with a much more ready sale here, than in Great Britain. This being the case we regret that the demand cannot be supplied by native productions. The enterprising gentlemen who have brought out the present volume (and in praise of whom as medical publishers, too much cannot be said) would doubtless just as readily pay for an American as an English work; and although Dr. Carpenter's volume is a valuable one, we doubt not there are amongst us those who are capable of producing one equal to it in every respect. We hope therefore, that by the time the present edition shall have been exhausted, an American Author will have a volume prepared to replace it. M.

ARTICLE III.

On the Diseases of Infants and Children.—By **Fleetwood Churchill**, M.D., M.R.I.A.; Hon. Fellow of the College of Physicians, Ireland; Hon. Member of the Philadelphia Medical Society, etc., etc.; Author of "The Theory and Practice of Midwifery," "on the Diseases of Females," etc. pp. 623. oct: Philadelphia: Lea & Blanchard: 1850.—(From the Publishers, by Express.)

We have not time to read and give an extended notice of this work in the present number. The writings of the author are familiar to the profession in America; and from the high reputation of former works, we doubt not this will receive an extensive patronage.

One new feature presented, we must notice, i.e., it was written expressly for the American Publishers. This is then not a re-print of a European work, but an Original European work published in America. While we award to Dr. Churchill great ability in compiling medical works, we very much doubt whether he will have furnished a work better adapted to the wants of American Practitioners, than those of some of our native authors upon the same subject. While the enterprising publishers are certainly not to blame for publishing such works as sell best, it is humiliating to our national pride to see with what avidity every thing in the way of medical literature from Europe, is gathered up by the profession, and often to the great neglect of equally good, if not better native productions.

We will endeavor to give a more extended notice of this work hereafter. E.

of the anatomical and physiological facts, which in our opinion, entirely invalidate the conclusions of the Phrenologists. The chapter on Artificial Somnambulism and Mesmerism, though not as full as we could desire, is yet very interesting, and suggestive to the physiologist and mental philosopher, of many important reflections.

There is one circumstance connected with the appearance of this volume, which is worthy of remark. This edition was specially prepared for the American market, the demand here having anticipated the exhaustion of the last English edition. We would infer from this, that medical books meet with a much more ready sale here, than in Great Britain. This being the case we regret that the demand cannot be supplied by native productions. The enterprising gentlemen who have brought out the present volume (and in praise of whom as medical publishers, too much cannot be said) would doubtless just as readily pay for an American as an English work; and although Dr. Carpenter's volume is a valuable one, we doubt not there are amongst us those who are capable of producing one equal to it in every respect. We hope therefore, that by the time the present edition shall have been exhausted, an American Author will have a volume prepared to replace it.

M.

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ARTICLE IV.

A Practical Treatise on the Diseases of Children.—By D. Francis Condie, M.D., Secretary of the College of Physicians; Member of the American Medical Association; Member of the American Philosophical Society; Honorary Member of the Philadelphia Medical Society, etc. Third Edition. Revised and Augmented. pp. 696: oct: Philadelphia: Lea & Blanchard: 1850. (From the Publishers, by Express.)

This standard work upon the Diseases of Children is improved in this edition by a careful revision by the author, and the addition of an entire chapter upon Epidemic Meningitis, "a disease which, although not confined to children, occurs far more frequently in them than in adults."

We have no hesitation in saying it is one of the very best works upon the subject extant. This edition is got up in remarkably good style, quite worthy of the high reputation of the publishers. E.

ARTICLE V.

The Cholera in Cincinnati: or a connected view of the controversy between the Homœopathists and the Methodist Expositor.—Also a Review of the Report read before the Homœopathic Association.—By S. A. Latta, M.D. pp. 40. 8 vo.

We cannot go very much into detail in a notice of Dr. Latta's pamphlet; indeed we do not know that it is necessary.—We will however, present our readers with a brief synopsis of it.

Certain persons in the Queen City, *soi disant* doctors, issued a bulletin setting forth that they had, during the late epidemic in that city, Homœopathically treated 1116 cholera patients—of whom 474 were Americans and the remainder principally Germans—and lost but two Americans and thirty-three Germans; and that the remedy they used was strong tincture of Camphor in doses equal to one or two drops every five minutes. Dr. Latta reviewed the report, in the Methodist Expositor, of which he is the editor: setting forth in the first place, that no one but a charlatan would blow his own trumpet in the manner these persons had done; next that according to their own showing, they had abandoned Homœopathy; and lastly, that the report was false. In proof of its falsity he stated that he was cognizant of the fact, that at least nine Americans had died in their hands.

Hereupon the Homœopaths addressed the Doctor a reply which is about as complete a specimen of unlettered rudeness as ever came under our notice; or, to use Dr. Latta's phrase in speaking of it, "it is a confused tissue of insinuations in very bad English." Dr. Latta replied and gave the names and residence of the nine Americans before referred to. This raised a commotion in the Homœopathic camp, and a committee headed by a lawyer and a parson (*par nobile fratrum*) came to the rescue of their beloved leaders. These gentlemen took issue with the Doctor, not only on the question of facts; but, with a confidence in their own extensive acquirements very entertaining to reflect upon, on the subject of the action of remedies. The result of their investigation was to throw a doubt over the statement of Dr. L., so far as three cases were concerned, leaving the other six intact, and of course not helping the case a particle. Pending the investigation of these gentlemen, they were requested to withhold their report for a short time; Dr. Latta promising to furnish them some more statistics. But they very wisely declined his offer, as they doubtless began to fear that the matter would end in demonstrating that their doctors were impostors, and themselves dupes.

In the mean time Dr. Latta furnished the names and residence of nine other American patients who had died in the hands of these doctors, and avers that he has a list of fifty or sixty Germans, which he will add to it when called for.

Mr. Taft (the legal member of the committee) is a queer lawyer, and has peculiar notions of evidence. In making his investigation, he summons the accused doctors, and says, "*Messieurs* you are not guilty, are you?" they indignantly answer no; and on their own testimony he acquits them; for he acknowledges that his evidence is obtained partly from the attending physicians. He also refers to a statute of Ohio, which, Dr. Latta very satisfactorily shows, has no existence. Mr. Taft is thus made to occupy a very ridiculous position, and we feel sorry for him; but he doubtless remembers the maxim of the old Roman law "*ignorantia legum neminem excusat.*" As to the Rev. gentleman who is associated with him, we have only to suggest for his improvement, that text which intimates something in reference to zeal not according to knowledge.

We have no disposition to review the controversy contained in this pamphlet concerning the therapeutic properties of Camphor; as we do not suppose our readers would be thereby edified. Neither is it necessary to follow Dr. Latta's demonstration of the absurdity of these two Homœopaths' assertion that they made probably as many as fifteen thousand professional visits—exclusive of obstetrical and office business—in three months. We therefore close this brief notice with the sincere hope that the inhabitants of Cincinnati may have the good sense to infer that there must be something wrong about a medical theory which requires for its support, unblushing falsehood on the part of its practitioners, and ignorant sophistry and testimony incompatible with all rules of law or logic, on the part of its advocates. M.

ARTICLE VI.

A Systematic Treatise, Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America, as they appear in the Caucasian, African, Indian, and Esquimaux Varieties of its Population.—By DANIEL DRAKE, M.D. pp. 878. 8vo. Cincinnati, Winthrop B. Smith & Co.;—Philadelphia, Grigg, Elliott & Co.; New-York, Mason & Law: 1850.

We have received the first volume of this work too late for an extended notice in this number, but will pay attention to it in our next. However, we cannot refrain from congratulating the American Medical Profession upon the appearance of *an Original Medical Book*, and one that will be highly entertaining, and to the Western Physician, full of the most important information.

Prof. Drake's extensive observations through a long series of years, made with special reference to the production of the work; his erudition, pleasing style, and great ability, have raised the public expectation to the highest point, and we are glad to be impressed with a belief, by a glance over this volume, that they will not be disappointed.

We think it very unfortunate that a small edition only has been published, for there ought to be a demand for a very large one in the great "Interior Valley of North America." E.

ARTICLE VII.

Ranking's Abstract of the Medical Sciences, and Braithwaite's Retrospect continue to make their regular semi-annual visits to our table, and continue to receive a hearty welcome, as valuable repertories of the improvements in Medical Science. They are republished in this country; the former by Lindsay & Blakiston of Philadelphia; the latter by Daniel Adee, New York. Terms $1,50 per annum in advance.

Part. 3 — Selections.

ARTICLE I.

On the Treatment of External Hemorrhoids by Potassa Fusa.—By Dr. F. C. Jones, Surgeon to the South London Dispensary.

[Dr. Jones states that within twelve months he has treated between sixty and seventy cases of external piles with undeviating success, by the means which he here describes. He says:]

Observing that in all cases of spontaneous cure of external hemorrhoids, they primarily slough, I was led to think that if nature obliterates the vessels by sloughing, it is feasible that artificial means might induce the same remedial action.

In turning over in my mind the action of various remedies likely to produce this condition, it struck me forcibly that potassa fusa was precisely the agent required. I forthwith determined to apply it to the first case that came under my care, and the results were, that upon the first application the patient complained of a burning sensation, which passed off in the course of half an hour; at the end of four days the parts were considerably diminished in size, and by brushing a piece of lint quickly over the part I removed the superficial slough, and again applied the potassa fusa; the same treatment was followed at the interval of four days, at the end of which time they had entirely disappeared, leaving only a slight sore, which healed within a week.—*Lancet, Sept.* 8, 1849, *p.* 277.

ARTICLE II.

Treatment of Ulcers by Means of Opium.—By F. C. Skey, Esq., Surgeon to St. Bartholomew's Hospital.

In the summer of last year Mr. P., a gentleman residing in Montagu-square, a governor of St. Bartholomew's Hospital, placed himself under my charge, with a large chronic ulcer on the calf of the right leg. Its margin was irregular and jagged, and was elevated to at least one-third of an inch above the base of the ulcer, which base was pale and bloodless.—This wound was about the size of a man's extended hand, including the fingers, or even larger. It had existed for, I think, seventeen years. All remedies had failed, and the cure had long been abandoned as hopeless. I gave Mr. P. half a grain of opium night and morning. In three days he himself noticed the singular red color of the entire margin of the ulcer, which in a week extended over the base. I rolled and strapped the limb; the entire sore consequent on its depressed surface being placed beyond the influence of the pressure. Within two months that sore was reduced *to the size of half-a-crown*, and the *only remedy employed was half a grain of opium night and morning*, which, by-the-bye, had a very beneficial influence on his health.—*Med. Times, July* 21, 1846, *p.* 61.

ARTICLE III.

Tannate of Quinine.—By R. H. Thomas, M. D.

[The following on a combination of tannic acid with quinine, we extract from the Amer. Med. Journal for April.]

I have prescribed it in a number of instances, and found that whilst it was equally effectual, it was far more palatable than any other combination of quinine I was acquainted with. On referring to the *American Journal of the Medical Sciences*, Vol. XIX. p. 219 (1836), it will be found that Dr. Ronander, Secretary of the Swedish Medical Association, recommended, in 1834, the tannate of quinine and cinchonin as the most active ingredients of the Peruvian bark; he asserts that he has cured by their means, several cases of obstinate ague, which had resisted the use of sulphate of quinine, and other powerful remedies, &c. &c. Nothing is said in the extract, from the original paper in *Hecker's Annals*, December, 1834, of the taste of the tannate of quinine. Compared with the sulphate, it is almost tasteless.

The following is the extemporaneous prescription I am in the habit of ordering for a child two years old: ℞. Quiniæ sulph. gr. x; acid. tannici gr. ij; aqua ʒvj; syrup aurant. ʒij. M. A teaspoonful every hour or two.

Part 4.—Editorial.

ARTICLE I.

FREE MEDICAL SCHOOLS.

MESSRS EDITORS:—

I find in the February number of the Western Lancet, some remarks in reply to my observations on Free Medical Schools, contained in the January number of your Journal. The only part of the article, however, which bears any semblance of argument, is embraced in the two following paragraphs.—"Professor Davis refers to free teaching in France, and intimates that it has resulted in elevating the profession of that country, and supposes that the same result would follow here. The illustration is singularly inapt; for in France, the most rigid laws exist, prohibiting irregular practice. If each state, (or so many as have suitable localities,) would endow medical colleges, and then by legislative enactment prohibit all from practicing who were not graduates of those colleges, the plan might become beneficial; but as such restrictions can never be secured, it is altogether absurd to discuss such contingencies."

"It is estimated by Prof. D. that this system would induce pupils to study longer, and consequently more accurately. Our experience teaches the contrary. Most, if not all schools, admit pupils free to a third course, and yet how small a proportion avail themselves of this system? Not one in fifty! They are not even willing to pay the expenses of board, for the privilege of attending three or more courses."

The editor of the Ohio Medical and Surgical Journal, quotes these paragraphs, and rather *naively* adds:—"We leave Prof. Davis, to make a satisfactory reply to these strictures as best he may."

If we scan these propositions a little, we shall find them to contain the following elements, viz;—First; in France where the most stringent laws prohibit all irregular practice, it does very well to make medical schools altogether free. Second; if the same prohibitory laws existed and were enforced in this country, the same system of schools "might become beneficial." But as such restrictions on irregular practice, do not exist here, and cannot be enacted, nothing but the most disastrous results could follow from making *medical tuition free*. In other words, whenever regularly educated medical men, are fully protected by law, and enjoy an entire monopo-

"CAUSES OF MORTALITY IN THE VALLEY OF THE MISSISSIPPI.—Dr. Cartwright refers the mortality of the States west of the mountains to three principal causes. 1st. Malaria, and the too common practice of treating malarious or bilious affections, congestive fever, pneumonia, &c., as the diseases of hyperborean Europe are treated. 2dly. The large amount of adulterated, stale, and worthless medicine brought into those States and used by physicians. 3dly. The immense consumption of nostrums and patent medicines of all kinds by the "western people in attempting to doctor themselves." The mortality of the Western States does not appear as conspicuously as it ought, "owing to the women in the Mississippi valley being twice as *prolific*, or nearly so, as the women east of the Alleghany mountains. For every 1000 women east of the mountains, between the years of 15 and 50, there are only on an average about 1200 children, or persons under 15 years of age; while, for every 1000 women between 15 and 50 west of the mountains, the average number of children or persons under 15 years of age, is 2200. Owing to this greater fecundity of western women, if there were no emigration from the east, and the mortality in the west was the same, the west would double its population in nearly half the time of the east." But it does not do this, allowing for what it gains and the east loses by removals, and the deficiency is occasioned by the greater mortality of the valley of the Mississippi."

On page 97 we find a description on the therapeutic properties of Quinine. Dr. Booth "concludes that the power of the medicine depends on an *anti-congestive* property, the result of a tonic action on the nervous system." He thinks periodicity is always to be met with Quinine, whether inflammation be present or not; and then, inconsistently enough, discourages its use in Remittent Fever. Dr. Shanks regards it as a sedative, and administers it in acute inflammations.—Dr. Mendenhall thinks that although Quinine has some properties peculiar to itself, it must be classed as a stimulant. Dr. Brickell relates a case of traumatic tetanus, treated by large doses of this drug. 30 grs. in 60 drops of laudanum,

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ARTICLE III.

GRADUATES IN RUSH MEDICAL COLLEGE—SESSION OF 1849–50.

At the Annual Commencement of Rush Medical College, held Thursday, Feb. 7th, 1850, the degree of Doctor of Medicine was conferred on the gentlemen, whose names, with the titles of their Inaugural Theses, are annexed:

Name.	*Residence.*	*Title of Theses.*
J. L. Anderson,	Illinois,	Fever.
Cyrus G. Blood,	Iowa,	Circulation of the Blood.
Clay Brown,	Indiana,	Ophthalmia.
Henry F. Brown,	Illinois,	Depression and Depressing Agents.
William F. Coleman,	"	Dyspepsia.
Kimball Favor,	"	Materia Medica.
Edward J. French,	"	Pneumonia.
John Gregory,	"	Hydropathy.
Samuel Rush Haven,	"	Free Medical Schools.
Isaiah P. Hamilton,	Wisconsin,	Cause & Effect of Marsh Miasmata.
George Higgins,	"	Cholera.
Orson C. Hoyt,	New-York,	Cholera.
Alexander Hull,	Illinois,	Miasmata.
Franklin B. Ives,	"	Typhoid Fever.
Thomas G. Klepper,	Minnesota,	Fever.
M. Tevis Klepper,	Illinois,	Remitting Fever.
Charles J. Macon,	Iowa,	Tetanus.
Manly Miles, Jr.,	Michigan,	Pathological Changes of the Blood.
Risdon C. Moore,	Indiana,	Cholera Infantum.
Alonzo L. McArthur,	Illinois,	Etiology and and Pathology of Phthisis Pulmonalis.
William C. Oatman,	"	Chymification.
Silas S. Parkhurst,	Michigan,	Scrofula.
William J. Paugh,	Illinois,	Pneumonia Biliosa.
William W. Perry,	Michigan,	Peritonitis.
John M. Phipps,	Indiana,	Cholera.
Giles P. Ransom,	Illinois,	Pathology of Fever.
David Rogers,	"	Pernicious Fever.
Josiah R. Snelling,	Ohio,	Science of Medicine.
John W. Spaulding,	Illinois,	Typhoid Fever.
Benjamin G. Stephens,	"	The Influence of Correct Theories in Medicine.
Benjamin F. Stephenson	Iowa,	Hepatitis.
Edwin Stewart,	Michigan,	Inflammation,
Isaac E. Thayer,	Wisconsin,	Character and Duty of a Physician.
John M. Todd,	"	Cholera.
Henry D. C. Tuttle,	Michigan,	Neuralgia.

Name.	*Residence.*	*Title of Theses.*
James P. Walker,	Illinois,	Bilious Remitting Fever.
Harmon Wasson,	"	Epidemic Cholera.
George S. Wheeler,	"	Hematemesis.
Zachariah H. Whitmire,	"	Fever.
Thomas Wilkins,	"	Treatment of Diseases in the West.
Wm. W. R. Woodbury,	"	Pneumonia.
James R. Zearing,	"	Ophthalmia.

The Honorary Degree of Doctor of Medicine was conferred on Dr. E. S. Cooper, of Henderson, Ill., and the *ad eundem* Degree on James S. Whitmire, M.D., of Metamora, Ill.

ARTICLE IV.

STATISTICS OF MEDICAL SCHOOLS—1849–50.

	Students.	*Graduates.*
University of Pennsylvania,	438	
University of the City of New-York,		111
Harvard University,		23
College of Physicians and Surgeons, N. Y.,		49
Medical College of Ohio,		42
Buffalo University,		27
Yale College,		16
Rush Medical College,	120	44
Albany Medical College,	100	26
University of Louisville,	376	113
Transylvania University,	92	32
University of St. Louis,	110	
University of Missouri, (St. Louis),	110	
Medical College of Evansville,	40	6
Indiana Central Medical College,	50	10
Starling Medical College,	154	
Jefferson Medical College,	516	211
Pennsylvania Medical College,	106	34
Medical College of Georgia,	179	41
Berkshire Medical College,	93	23

ARTICLE V.

CHICAGO MEDICAL SOCIETY.

A meeting of Physicians of Chicago was held at Drs. Boone and M'Vickar's office on the 15th ultimo. After considerable discussion a Society was organized, and a Committee appointed to draft a Constitution for its government.

On the 19th ult. the Society met again, and after adopting a Constitution, elected Dr. L. D. Boone, President; E. McArthur, Vice-President; B. McVickar, Secretary, and Drs. Evans and Boone Delegates to the American Medical Association.

Much good feeling was manifested, and the Society promises a career of usefulness.

The stated Meetings are to be held on the first Monday in each month.

ARTICLE VI.

DEMONSTRATIVE MIDWIFERY.

We observe by our contemporary, the Buffalo Med. & Surg. Journal, that a Demonstration of Natural Labour, was made by Prof. White before the medical class, in the University of Buffalo last winter; and that the affair went off very satisfactorily to all parties concerned. Although in the present state of society in America it is not probable that such a means of instruction will become general, or often be repeated. Still, we unhesitatingly say, that when considered properly, it is a false modesty that condemns it.

ARTICLE VII.

MISCELLANEOUS MEDICAL INTELLIGENCE.

Dr. S. H. Dickson, Prof. of Theory and Practice in the University of the City of New-York, has resigned his Chair on account of ill-health.— His place is to be filled from applications made by the first of May inst. (Short notice).

It is rumored that Prof. Chapman, of the University of Pennsylvania, has resigned his Chair in that Institution.

We observe by the papers that a new Medical School is being organized at Milwaukee, Wisconsin.

Prof. Webster has been convicted of the murder of Dr. Parkman, and sentenced to be hung, but the day of execution has not yet been designated. The reward of $3,000, offered for Dr. Parkman's body, was paid to Mr. Littlefield on 6th of April.

A Bill has been presented in the Legislature of Mississippi, requiring Physician's prescriptions to be written in English instead of Latin.

The Cholera lingers about New-Orleans, and occasionally breaks out on board of boats on their passage up the Mississippi River and its tributaries; but it does not seem to be spreading with as much rapidity as last spring.

Prof. W. L. Attee has performed his seventh operation for Extripation of Ovarian Tumors.

It is announced in the Boston Medical and Surgical Journal, that Dr.'s Forbes and Marshall Hall, are about to visit this country.

It is said that chewing a piece of orange peel just before taking cod-liver oil, masks its taste entirely.

"YANKEE DOCTORS.—Let Sir James Graham's Medical Bill come into operation, and Doctors will spring up among us as they do in America.—"Do you know what your Doctor was two years ago?" asked a Yankee not six months since of an Englishman, in Boston. "Do you know, stranger, what he was?" "No!" "Well, then, he was only a book-binder, I guess." At this news, the Englishman's jaw fell, and he returned silent thanks that his book-binder Doctor had not put him *in boards*."

Dr. G. W. Mayberry, of Alabama, says that blood externally applied is a most soothing and efficacious remedy in Erysipelas and burns.

A *Female* Medical School was to have been opened in Boston some time in April past.

Dr. Landon C. Rives, formerly Professor of Midwifery, etc., in Cincincinnati College, has been appointed Professor of Materia Medica in the Medical College of Ohio, the Chair recently occupied by the late lamented Dr. Harrison.

Prof. J. K. Mitchell, of Jefferson Medical College, Philadelphia, in his late Valedictory Lecture, contends that the supply of Educated Physicians in the United States, is by no means equal to the demand.

A Belgian tribunal has decided that all professional visits by Physicians made between 9 o'clock P. M. and 6 o'clock A. M., are *night visits*.

Miss Dix, the eminent Philanthropist, has succeeded in persuading the Mississppi Legislature to build a Hospital for the Insane. An appropriation of $50,000 was made for the purpose.

ARTICLE VIII.

NORTHERN LANCET.

We have received No II of this new candidate for public favor. It seems to be of mixed character; and aims to cater to the taste of the physician, lawyer, and general reader. We doubt whether the plan is feasible: nevertheless we wish it abundant success.

It is published at Plattsburgh, N. Y. monthly, at $1 per annum, in advance.

ARTICLE IX.

OBITUARY.

We regret to learn by the newspapers, the death of JOHN H. SANDERS, M.D. of *Indianapolis* Ia, who was on his way from New Orleans to his home, when stricken down by the Cholera. He was one of the oldest members of our profession in Indiana. He spent a long series of years in the faithful discharge of his professional duties in Indianapolis; where he lived highly respected; and his loss is deeply regretted.

It has seldom been our good fortune to enjoy the friendship of one so richly endowed with those kindly feelings, and impulses of the heart, that form the true gentleman, and ornament the christian. E.

We have learned through the public prints, the death of our friend, Dr. T. W COWGILL of Greencastle, Indiana. He was selected to fill the chair of the Principles and Practice of Medicine in the Indiana Central Medical College; but his declining health prevented him from entering on the duties assigned him. Dr. C. was a popular and useful citizen in the community where he resided, and leaves a wide circle of relatives and friends to deplore his loss. His disease was Phthisis. M.

Died, in Boston, on the 2d of March last, Dr. JNO. D. FISHER, one of the Physicians to the Massachusetts General Hospital; aged 53 years.

Died, at Ottawa, Sept. 17th. 1849, Dr. HENRY S. PRATT. The deceased was a young physician of great promise, evincing, as he did, an unusual facility in acquiring, and a great fondness for the practice of, his profession. Dr. Howland, (his preceptor,) made some feeling remarks before the Ottowa Medical Society, on the occasion of Dr. Pratt's death; and we designed publishing them, but find we have not the space.

NOTICE TO READERS AND CORRESPONDENTS.

Original communications have been received from Drs. J. J. Lescher, V. M. Saterlee, and W. Matthews.

Injections of Iodine and Iodide of Potassium in Spina Bifida and Hydrocephalus.—Dr. Brainard has employed the injection, during the past year, in three additional cases of *Spina Bifida*, with satisfactory results; and in one case of chronic congenital *Hydrocephalus*. This latter case has been six months under treatment; during wich time the operation has been repeated twenty one times. As large an amount as gr. xij of Iodine, and gr. xxxvj Iodide of Potass to oz. j of Distilled Water, has been injected into the head, at one operation, without producing inconvenient results. A full report of the cases will be furnished to our readers in a future number.

We regret that a notice of Maclise's Surgical Anatomy was overlooked in sending copy to the compositor. It shall appear in our next.

We have been compelled to abridge the obituary notice of Dr. Pratt, of Ottowa, as there has been a demand on our pages, for matter of more general interest to our readers. We may as well take this time to request our correspondents to make their communications on such subjects—and indeed all subjects, as concise as the nature of the subject will admit. We aim to give as great a variety as possible; and to accomplish this in our narrow limits, requires that we should apply the condensing process to many of the communications furnished us.

We shall hereafter add a new department to the Journal, in which we will give a summary of the more interesting articles in the American and Foreign Journals; as the large amount of original matter furnished us prevents us from extracting many articles entire.

In addition to the publications already noticed, we have received the following—Report of the Pennsylvania Hospital for the Insane, for 1849. Seventh Annual Report of the Managers of the State Lunatic Asylum of New York.—Report of the Ohio Lunatic Asylum.—Valedictory Address to the graduating Class in the Medical Department of Transylvania University. by Prof. Boling.—Lecture introductory to the course of Surgery, delivered at the Mass. Med. College, in Boston, by Prof. Bigelow. Catalogue of Starling Medical Department of Transylvania University.—Comparative value of the different Anæsthetic Agents: by Geo. Hayward M.D.—Researches on the Natural History of Death, by Bennett Dowler, M.D.—Dental News Letter.—Annual Report of Physicians to the Marine Hospital. (From the Author, Dr. F. C. Stewart.)

We have been furnished by Messrs. J. H. Reed & Co., with a specimen of a new remedy for Epilepsy, (the Extract of *Cotyledon Umbilicus*), mentioned with approbation in No. xix of Braithwaites Retrospect.

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CHICAGO, April, 1850:

THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

Vol. III.] JULY, 1850. [No. 2

Part 1.—Original Communications.

CHAPTER 1.—CONTINUED.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1783.—By N. S. Davis, M. D., Prof. of Physiology and Pathology in Rush Medical College.

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They were drawn together by suppers in winter, and dinners in summer. Their food was simple and taken chiefly a solid form. The liquors used with it were Punch, London Porter, and sound old Madeira Wine.

From this general use of distilled and fermented liquors, drunkenness was a common vice in all the different ranks of society."* Who can feel surprised, that in the midst of a people indulging in such habits, death from "Gout, Apoplexy, Palsy, obstructed livers, and Dropsies," should be remarkably frequent?

The same writer tells us that, one club, "consisting of about a dozen of the first gentlemen in the city, all paid, for their intemperance, the forfeit of their lives; and most of them with some one, or more of the diseases that have been mentioned."

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*See Rush on the state of Medicine, between 1760, 1766 and 1809.

These few facts are introduced here, for the purpose of showing how poorly we are qualified to judge of the propriety of any system of practice, at a given period of time, without an intimate acquaintance with the condition and customs of the people at the same period. We have already said that practitioners during most of our colonial period, were much controlled in practice by the doctrines of Boerhaave; but during the latter part of the time, these began rapidly to yield to the advancing school of Cullen. There were not wanting, however, many bold and independent practitioners, who did not hesitate to throw off the shackles of prevailing systems, and adapt their treatment to the prevailing type or character of disease, or introduce new remedies, as the preceding facts abundantly show. Of these, none were more deserving of notice than Drs. Boylston, Colden, Ogden, Bayley, Morgan, and Bond. So rapid was the decline of the Boerhaavian influence that before the close of the Revolutionary war, we find blood-letting, Purges, Vomits, Bark, Opium, and Mercury, all used with more or less freedom throughout the profession. The last named remedy was extensively and very successfully used by some physicians, in preparing the system for the small-pox, both in the natural way, and after inoculation.—This practice was commenced as early as 1745, by Drs. Thomas of Va., and Munson of Long Island. And by it, we are told, they reduced the number of deaths after inoculation from 1 in 100, to 1 in 800 or 1000. Dr. Zabdiel Boylston of Boston, first introduced the practice of inoculation for the Small Pox, into the country by inoculating his own son, thirteen years of age, and two colored servants. This was on the 27th of June 1721, only two months after the inoculation of the daughter of the celebrated Lady Wortley Montague, the first that was practiced in England, and certainly before any knowledge of the latter case could have reached Boston. Dr. Boylston was induced to commence the practice by Rev. Dr. Cotton Mather, who had read an account of the inoculation in Turkey, published in the transactions of the Royal Society of London. His three first experiments proving successful, and the Small Pox raging fearfully in the city of Boston, Dr. Boylston, inocculated during that year 247, of all ages and both sexes, and 39 were inoculated by other physicians; making a total of 286, of whom only six died. While of 5,759 who were attacked with it in the natural way, during the same period, 844 died. It is not strange that when this practice was first introduced, it should have met with most violent opposition, requiring no small degree of firmness and perseverance on the part of those who had undertaken it, to stem the torrent of popular indignation which was much exasperated by the conduct of a portion of the Profession, at the head of whom, was Dr. Wm. Douglass, a man of much ability and strong prejudices. Indeed, the history of our Profession, brings to light no controversy of a more exciting and violent character, than that which arose, both in the colonies and the mother country, from the introduction of this practice. And none better illustrates the power of truth, to triumph over error, even when entrenched behind the strongest bulwarks of human prejudice and passion. For the success of Dr. Boylston, rapidly won to the cause intelligent members of the profession, and in a short time, the practice was extended through all the Colonies. And as we have already stated, such was the success attending a proper preparation of the system for the reception of the disease, that, instead of loosing six out of two hundred and eighty-six, as shown during the first year of its introduction, in less than twenty years after, the average mortality of those inoculated did not exceed one in eight hundred. Notwithstanding, the popular prejudice which was excited against Dr. Boylston, was for a time strong and highly embittered, yet he lived to receive ample compensation in the good opinion of his fellow men, both at home and abroad. He afterwards visited England, and besides receiving the most gratifying marks of attention, he had the honor of being the first physician in the Colonies, who was made a member of the Royal Society of London. We are told by Dr. J. W. Francis, in his Anniversary Discourse before the New York Academy of Medicine, that Dr. Beekman Van Beuren, who succeeded his father, John Van Beuren, as physician to the Alms House in the City of New York, "was the first physician who introduced the practice of inoculation for the Small Pox in our public institutions." The first *Post Mortem* examination that took place in America, of which we have any record, was made in 1691, by Dr. Johannes Kerfbyl, assisted by five other physicians of the city of New York. The body examined was that of Governor Sloughter, who had died suddenly under suspicious circumstances. It was not until 1750, nearly sixty years after, that the first human body was dissected, for the purpose of imparting Medical instruction in the Colonies. This was done by the learned Drs. John Bard, and Peter Middleton. The study of Botany also received attention from some of the earliest and most learned physicians of the Colonies.—Among these, Drs. Cadwallader Colden of New York, and John Bartram of Pennsylvania stood pre-eminent. The first named of these eminent men, taught the Linnæan system or classification of plants, on the banks of the Hudson, several years before it was recognized in England. Colden doubtless derived his knowledge from the traveller Kalm, who was a pupil of Linnæas, and so highly was he esteemed by the Botanists of the old world, that one of the most beautiful plants of the tetrandrous class was named Coldenia, in honor of his memory. John Bartram, though living at a little later period of our history, enjoyed a still more extensive reputation in this department of science, and probably, was favored with a more extensive correspondence with the scientific men of Europe than any of his cotemporaries. He was the first Anglo-American who attempted to establish a Botanic Garden in this country. This Garden was located on the Schuylkill, about three miles from Philadelphia, and contained about five acres, well covered with a great variety "of new, beautiful and useful trees, shrubs, and herbaceous plants."

We are told that his garden attracted the attention, and induced the visits of many learned men; and Bartram himself, continued to travel extensively through the country, and make collections in the various departments of natural science, until he was over 70 years of age.

Dr. John Clayton, who came from England to Virginia in 1705, has already been referred to as the author of the *Flora Virginica*, published in 1743; and Dr. Alexander Garden of South Carolina, was no less distingnished both as a naturalist and physician. He kept up a correspondence with Linnæus in Latin, by whom he was held in high estimation. The beautiful flowering shrub called Gardenia, was so named in honor of Dr. Garden. The practice of sending native young men from the colonies to be educated in the Medical Schools of Europe, was more prevalent in the Southern than the Eastern colonies. So early as 1734, William Bull, a native Carolian, received the degree of M. D. at Leyden. John Moultrie graduated at Edinburgh, in 1749, and published his Thesis, "de Febre Flava;" and we are told by Dr. Ramsey, that ten other natives of that colony obtained the same honor between 1768 and 1778. In the middle and southern States, there was much less disposition to merge the duties of Physician and Priest in the same hands, than in New England. Indeed, they seem to have been much better supplied at an early period, with well educated Physicians from England and Scotland, than the more northern colonies; and in the same proportion did tne profession enjoy a higher reputation, both at home and abroad.

East New Jersey appears to be entitled to the credit of making the first attempt, to improve the condition of the profession by means of social organization. So early as 1766, a numerous meeting of physicians was held at New Brunswick, and a constitution and By-laws adopted for a permanent organization. Delegates were present from all parts of the State, and the objects as set forth in the Preamble to the Constitution were, "*Mutual Improvement, the advancement of the Profession, the promotion of the public good, and the cultivation of harmony and friendship among their brethren.*" These were objects worthy the attention of enlightened minds; and they seem to have been strictly adhered to, and successfully carried out; the society meeting regularly twice in each year, until interrupted in 1775, when not a few of its members, left the social circle and the bed side, to bind up the wounds of bleeding freemen, or with them, share the deadly strife in freedom's cause. The second important movement in this direction, was in the colony of Massachusetts, a little before the close of the war. In 1781 the Massachusetts Medical Society was incorporated, embracing about thirty members, with the venerable Edward Holyoke, as its President. Among the original members, we find the names of John Warren, Aaron Dexter, Joseph Fisk, Edward A. Holyoke, and James Lloyd.

During the same year, Dr. John Warren, who was then Surgeon of a Military hospital in Boston, commenced a course of anatomical lectures, which were the first, of which we have any account in New England. They were continued several years, and attended by many of the students of Harvard University, until a Medical Faculty was organized in connection with that institution.

Such is a brief view of Medical institutions and Practice, during the colonial period of our history. And if we consider the condition of the American colonies, the many dependences on the mother country, on the one hand, and the almost constant aggressions of the French and Indians, on the other, the scattered state of the population &c., we doubt whether any profession, under similar circumstances, ever progressed with greater rapidity than the medical profession of the colonies, during the 25 years succeeding the middle of the eighteenth century. Still Quackery in all its forms and guises, was every where flourishing; and the profession itself destitute of that internal organization, or associated effort at improvement, which is so necessary to high respectability and permanent prosperity. Even the prohibitory laws of 1760, in New York, and of 1772, in New Jersey, seem to have had very little influence in accomplishing the object for which they were designed, viz: the elevation of the profession, and the suppression of irregular practice. But the time of their continuance before the commencement of the war of 1775, which for a period of eight years, effectually diverted the attention of all classes from all other subjects, w too short to allow any inference of value, to be drav in regard to their success or failure. Notwithstanding the a verse circumstances in which the country was placed, an the admitted degradation of a great proportion of the medi practice of those times, still, we cannot but admire the libe views, the close and patient observation, and the bold cast originality, exhibited by those whose education had them for the high responsibilities of their calling. And equ ly must we admire the broad and liberal basis, on which planted their infant institutions in Philadelphia and New requiring as they did, a preliminary education and a cu lum of Medical studies, superior to that of any medical in tution now existing in our boasted Republic. If any d this, let them compare the regulations of the Philad Medical College of 1768, as already quoted, with those of any of our existing institutions.

CHAPTER II.

FROM 1783 TO 1806.

During that great Revolutionary struggle, which terminated in the establishment of the Independence of the American Colonies, but little time or means was afforded for the cultivation of any science or profession, save that of arms and the arts of war. And perhaps no class were more faithful or vigilant in their country's cause, than the practitioners of Medicine. They not onl y followed the Military Camp, sharing its privations and toils as Surgeons, but no small number exchanged the Lancet for the Sword, and the Esculapean wig for the cap of the Military chief. And long will the pages of American history glow with the names of Warren, Mercer, Rush &c., the two former of whom, sealed their devotion to the cause, with their lives. During the war, both New York and Philadelphia fell into the hands of the British, and the operations of the Medical schools, like all other institutions in those places, were suspended until their evacuation. Even the Medical Society of New Jersey, as already stated, was compelled to suspend its functions during the hostile incursions of the proud invader. But while these ordinary means of facilitating Medical education were suspended, another school of quite a different character was opened for the training of our profession. We have alluded in a previous chapter to the benefits derived by the profession of the colonies, from the Medical corps attached to the English armies, sent against the French colonies in the war which terminated in 1763; but the war for Independence afforded another and severer school than the one which had preeeded. For in the former, the colonial profession held the position of pupils and assistants, while in the latter, they were left entirely to their own resources, in a direct contest against their former guides and masters. It was during this trying period, when the profession was compelled to act independently, and often without even a proper supply of drugs, that, animated and encourged by the noble spirit of a Rush, it rose equal to every emergency, and acquired that self-reliance which enabled it, at the close of the eventful struggle, to set about resuscitating its infant institutions, with a zeal that could not fail of success. Hence, no sooner was Philadelphia evacuated by the British army in 1778, than we find the functions of the College and Hospital resumed by the same teachers, and under the same regulations, as before. The number of students in attendance during the winter and spring of 1779, was not less than sixty, although no graduates are reported for that year. Indeed, the number of graduates during the whole of the period under consideration, amounting to near a quarter of a century, scarcely averaged ten annually. This was neither owing to the small number of students in attendance on the Lectures, or to the difficulties in the way of graduation, but to the much less relative importance which was at this period attache to the Degree. The Degree, either of Bachelor of Medicine, or Doctor, conveyed, at hat time, no special privileges in regard to practice; and hence was regarded, like all other literary degrees, as a mere honorary title.

Therefore, we find Students resorting to the Medical College, not so much for the title it was authorized to bestow, as for the real Medical knowledge it was capable of dispensin In 1779, the Pennsylvania Legislature abrogated the charter of the College, and founded another, called the University of Pennsylvania, endowing it liberally with funds derived fron the confiscated estates of the royalists of that commonwealt and providing for a Medical department in place of that connection with the one whose organization had been solved.

This, however, produced but little other effect on the M ical College than a change of name; for the same professor were in reality continued until 1789, when the Legislature, acknowledging the injustice of their predecessors in abrogati the former charter, restored it again, with all the powers and privileges belonging thereto, but at the same time permitti the University to remain unaltered. This act brought into existence two Colleges, each possessed of the privilege of having a Medical department annexed, and neither willing to forego that privilege in favor of the other.

The result was the organization of two medical faculties during the following year. But experience soon taught them that the patronage was too limited to sustain two institutions, either Literary or Medical; hence they were united in 1792, under the name of the University of Pennsylvania, which has been retained unto the present time. The Medical faculty of the united school, was composed of Dr. William Shippen, Prof. of Anatomy, Surgery, and Midwifery; and Dr. Caspar Wistar, Adjunct; Dr. Adam Kuhn, Prof. of Theory and Practice of Medicine; Dr. Benj. Rush, Prof. of the Institutes of Medicine, and clinical Medicine; Dr. James Hutchinson, Prof. of Chemistry; Dr. Samuel P. Griffitts, Prof. of Materia Medica; Dr. Benjamin S. Barton, Prof. of Botany and Natural History. Some important changes were also made, at this time, for the government of the College, and the conferring of Degrees. The Bachelor's degree was wholly abolished, and that of Doctor in Medicine conferred under the following rules, viz:

"1. That the candidate should not be under twenty-one years of age, should have studied Medicine for three years, and for two at least, in connection with the University.—2. That he should have attended, at least, *one* course of lectures of the several professors, with the exception of the professor of Botany and Natural History, and should also have attended one course of Natural and Experimental Philosophy in the Institution, unless he had received instruction in this branch elsewhere; and 3d, that he should undergo a private examination before the faculty, and if approved by them, should be again privately examined by the Faculty in the presence of as many of the trustees as might choose to attend, and finally, if found to be properly qualified, should offer a thesis, to be printed at his own expense, and defended in public at the Annual Medical Commencement."*

No one can fail to mark the contrast between these requisitions, and those adopted by the first College in 1768. Here instead of a preliminary education, embracing Mathematics, the Natural Sciences, and some knowledge of the Latin Language, we have a simple requirement in regard to some instruction in "Natural and Experimental Philosophy;" and indeed, the whole requisitions for the Degree of Doctor of Medicine, are much below those previously required for that of Bachelor. And we may here date the commencement of that lowering policy, and that disregard of preliminary education on the part of Medical schools, which has worked great injury to the profession. But why was the original standar departed from, and particularly in the downward directio Before answering this question, we will turn our attention to the condition of Medicine in the neighboring city of New Yo

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*See "an historical sketch of the University of Pennsylvania," published 1836.

Soon after the close of the war, attempts were made to revive the Medical department of Kings (now changed to th of Columbia) College. Through some mismanagement th attempt not only failed, but was attended with some circumstances which gave rise to a strong popular outbreak, commonly called the "Doctor's Mob." This arose from a suspicion that some bodies had been stolen from the grave yard for dissection. The mob broke into the dissecting room of th College, and finding several subjects partially dissected th exhibited the fragments to the multitude without, which so increased the excitement, that all law and order were trampled under foot for two or three days. Several medical gentl men were grossly insulted, and many of the students were confined in prison for personal safety. This unhappy event, not only tended very much to degrade the profession in th public estimation, but also, greatly to retard the progress of the College.

To counteract, as far as possible, the evil influences brought to bear on the profession, and to improve Medical Science, several of the more enlightened young members formed themselves into a private Society. And in 1787 they succeeded in inducing the Magistrates of the City to establish an Apothecary's shop at the public expense, and freely tendered their professional services for the sick poor. Among the more prominent of these men, were Drs. Wm. Moore, Nicholas Romayne, Benjamin Kissam, Wright Post, and Valentine Seaman. They not only gave gratuitous attendance on the poor, for several years, but connected therewith Lectures on most of the branches of Medicine, thereby constituting the first real Hospital and Dispensary, connected with practical instruction, under the corporation of the City. So great was their success that in 1790, more than fifty students attended their instructions. Encouraged by their success, and failing in the establishment of a College of Physicians and Surgeons for the sole purpose of Medical instruction, another effort was made to revive the medical department of Columbia College. In the fall of 1791, the private association introduced no less than sixty medical students into the College, and thereby induced the Legislature to make a grant of over $30,000 to the trustees, for the purpose of enabling them to enlarge their buildings &c. In the following year the Medical faculty was re-organized by the appointment of Drs. Baily, Post, Rogers, Hamersly, Nicoll, and Kissam, Professors, and Dr. Bard, Dean of the faculty. Some of these appointments were so unsatisfactory to the students that many of them abandoned the College, and erased their names from its register. Indeed, such were the internal jealousies, and outward prejudices, that the institution, though it maintained an existence until 1810, yet never attained a degree of prosperity equal to the private association to which we have alluded. About this time also, the buildings for the New York Hospital, which had been destroyed by fire previous to the war, were again so far completed as to allow of the admission of patients. Soon after the close of the war, the subject of Medical instruction began to attract attention in the Eastern States. And we have already seen that so early as 1782, some courses of Lectures on the different branches of Medicine were given, in connection with Cambridge University. This was mainly in consequence of several liberal donations, from some wealthy and enlightened friends of the cause. In 1788, a Medical faculty was established in connection with Havard College, headed by Dr. John Warren, with Drs. Waterhouse, and Dexter for associates. This was continued with a reasonable degree of success, and under fair regulations until 1810, when it was removed to Boston, where it soon obtained a much higher degree of prosperity. How much, the almost simultaneous establishment of these several schools, and particularly the school and Hospital in the rival city of New York, influenced the marked lowering down of the requisitions for graduation, to which we have alluded, in the Medical School of Philadelphia, every reader must judge for himself. It was doubtless these things, aided by the prevailing spirit of the times, that led to this sad change of policy.

The Massachusetts Medical Society was established by an act of the Legislature of that State in 1781. The objects set forth in the act of incorporation were, the promotion of Medical science and the regulation of all matters pertaining to the profession. To enable it to accomplish these desirable objects, the society was authorized to appoint a Board of Censors, whose duty it was to examine all candidates for admission into the profession in that State, and grant Licenses to such as were found qualified. This Society, together with that formed soon after in New Haven, and the New Hampshire Society, chartered in 1791, exerted a very salutary influence over the profession throughout the United States. Their powers and duties were modified from time to time, until at length the organization of each became complete, and they had severally adopted fixed regulations for the examination and admission of candidates, and enlightened codes of Medical Ethics, as we shall see in the sequel.

To stimulate into action individual talent, and encourage still further the cultivation of Medical Science, a wealthy and enlightened citizen of Boston, Ward Nicholas Boylston Esq. established In 1798 a perpetual legacy, yielding $133 per annum. Thirty-three dollars of this sum was to aid in the establishment of an anatomical Museum, and the remaining one hundred to be awarded annually, for premiums for Medical Essays under the direction of the Fellows of the Massachusetts Medical Society. The noble intentions of the donor have been faithfully carried out by the Society, who have thereby annually called forth a number of interesting Essays, which now embrace many of the most important topics belonging to Medical Science. The Massachusetts Medical Society, also enjoys the honor of being the first in this country to issue a regular volume of transactions, made up of the most interesting papers read before the Society.

The first number of the transactions was published previous to the year 1800, and contained papers written by Drs. E. A. Holyoke, of Salem. Wm. Baylies, of Dighton; Joseph Orne, of Salem; N. W. Appleton, of Boston; Edward A. Wyer, of Halifax, N. S.; Isaac Rand, of Cambridge; Isaac Rand Jr., of Boston; Joseph Osgood, of Andover; Thomas Welsh, of Boston; and Thomas Kast, of Boston. The most important of these papers, were: " An account of the weather and epidemics of Salem in the county of Essex, for the year 1786; with a bill of mortality for the same year. By Edward A. Holyoke, M. D. written in 1787." " A case of Empyema, successfully treated by an operation, by Isaac Rand in 1783." " Observations on Hydrocephalus Internus, by operation, by Isaac Rand Jr., in 1789;" and "an account of an Aneurism of the thigh perfectly cured by an operation, and the use of the limb preserved, by Thomas Kast, in 1790." The second number of the Society's tranactions was not published until 1°08. The first Medical Society organized south of New Jersey, was the Philadelphia College of Physicians, which was instituted in 1787, and incorporated by the Legislature of the State in 1789. The Philadelphia Medical Society was organized in the same City, in 1789, and was incorporated in 1792. An interesting notice of the history of the last named Society, may be found in the Medical News and Library for January 1843.

It was during the period under consideration, that another powerful means of diffusing Medical knowledge, and promoting the welfare of the profession, was brought into requisition. I allude to the Medical Periodical Press. The first Medical Periodical published in America, was commenced in the city of New York, and was called the Medical Repository. It was commenced by Drs. Samuel L. Mitchell, Edward Miller, and Elihu H. Smith, 1797; and the first named of this eminent trio, continued its principal editor through the whole of the first sixteen volumes. At the end of this time it passed under the editorial care of Dr. James R. Manley, assisted by able associates, who maintained its reputation unabated until the end of the twenty-third volume. The Repository was a good sized quarterly Journal, and its pages were enriched with many of the ablest Medical and scientific productions of the period through which it was published. In 1804, two Medical Journals were started in Philadelphia, one called the Philadelphia Medical Museum, the other, the Philadelphia Medical and Physical Journal.

The first number of the Museum was issued in September, 1804, edited by Dr. John Redman Coxe. The Medical and Physical Journal was commenced in November of the same year, under the editorial management of Benj. Smith Barton. These several Journals soon called into action much talent that had hitherto been dormant, by eliciting essays and communications from many of the most intelligent members of the profession in every part of the country, by publishing the proceedings of Medical Societies at home and abroad, and by affording a free channel for dignified scientific discussions.—They thus became powerful auxillaries in the great work of Medical education and advancement.

The Medical department of Dartmouth College was organized in 1797, on much the same plan with the first schools in Philadelphia and New York. During the first nine years after the Medical department was established, Medical honors were conferred on 33 candidates, only one of whom took the higher degree of Doctor of Medicine, all the rest taking the degree of Bachelor. The same course was continued up to 1812, after which, the degree of of Doctor,seems to have been the only one conferred by the College. During the period now under consideration, we find very little done by the several State Legislatures, either to promote the education of the profession, or protect the interests of the community against empiricism. The first Legislative act which we find on record, having for its object the regulation of Medical practice, subsequent to the war; was adopted by the Legislature of New York in March 1792. This law required all students who had graduated at some literary College in the United States, to study two years,and those who had not so graduated, to study three years with some reputable practitioner; and then undergo an examination before the Governor, Chancellor, the judges of the Supreme Court, the Attorney General, the Mayor and Recorder of the City of New York, or any two of them. The examining officers were allowed to take to their assistance any three practitioners whom they might choose; and if the candidate was found qualified, he received a License which authorized him to practice Medicine in all its branches. But all persons destitute of such license, were prohibited from collecting pay for their services, except such as were already in practice before the law was enacted. This law was in all respects similar to the Colonial law of 1760; and like it, was limited in its operations to the City and County of New York. The act continued in force five years, when it was repealed or rather superceded by another passed by the Legislature in 1797; which prohibited all persons from practicing Physic or Surgery in that State without a license from one or more of the officers mentioned in the act of 1792, under a penalty of twenty-five dollars for each offence.

ARTICLE I.

On the treatment of Dropsical Affections, by injections of Iodine, &c: By DANIEL BRAINARD, M. D., Prof. of Surgery, in Rush Medical College.

In the Nos. of this Journal for Jan., 1848, and Feb., 1849, I related a case of Spina Bifida, treated by injections of Iodine and Iodide Potassium in solution.

The number of injections used in that case was fifteen, and the time required for the cure ten months, viz: from December, 1847, to October, 1848. The strength of the solution used varied from ½gr. Iodine, and gr. j. Iode Pot. to the f. oz. Dist. Water to gr. jv. Iodine, and gr. vj. Iod. Pot. to the f. oz. of water.

The cure was perfect and permanent, the patient remaining in good health to the present time.

This, the first of my published cases, was not, by any means, the first case of dropsical effusion in which I had used injections. As early as Dec., 1845, I threw into the peritoneum gr. xv. Iod. Potass, dissolved in f. oz. j. dist. water, after having, as perfectly as possible, evacuated the fluid, by tapping. An acute, smarting pain was produced, which subsided in a few minutes, and no sign of inflammation followed. The patient returned home, and I lost sight of him.

Since that time, Dr. F. Hagemann, of this city, injected the peritoneum of a dropsical patient twice, at my request. I have not notes of the case; it was one of incurable organic disease, but the injections produced no inflammation.

During the past winter I injected the abdemen of a patient laboring under general dropsy, as well as ascites from disease of the heart, with gr. jv. Iodine and gr. viij. Iod. Pot., in solution without drawing off the fluid. It was followed by no signs of inflammation, but the fluid in the peritoneum was absorbed and a great amelioration of symptons followed.

These were all supposed to be hopeless cases of disease in which the injection was used, not with the expectation of cure, but to ascertain the danger which there might be of producing inflammation. The result, in that respect, was perfectly satisfactory. I can now also add two other cases treated in a similar manner; one by Dr. M. Clure, of Dundee, Ill., and another by Prof. Mussey. These gentlemen have stated to me that they have recently used the injection without inflammation resulting. In the Am. Journal of Medicine, for Oct., 1847, p. 491, is the report of a case of ascites, cured by Mr. Leriche, of Lyons, in this manner. The injection was strong, and made, in this instance, after all the fluid had been drawn off.

This practice seems to have been tried with success a long time ago. Pereira speaks of it and refers to the philosophical transaction of 1744.

Samuel Cooper, in his Surgical Dictionary, says he has seen two fatal cases from the practice. As they were both, as far as can be judged, from the injection of alcohol, after the fluid was evacuated by tapping, it is only surprising that one of the patients should have survived for a long time. Such cases do not authorize us to reject the practice when properly conducted, or justify the conclusion that it is necessarily dangerous.

It may, then, be considered an established fact that injections of this kind may be made, with suitable care, without danger of producing inflammation. It remained to be shown that dropsical effusions could be cured without such inflammation or adhesion of the sac in which it was situated.

A man applied to me during the past winter, with a large hydrocele, of 18 months standing. Injected f. dr. j. of a solution of Iod. Potas. aud Iodine, gr. j. of the latter to gr. xij. of the former, to the oz. of water, without drawing off any fluid, the solution being thrown in through an exploring canula. This was subsequently repeated twice, and at the end of six weeks scarcely any trace of effusion remained, the man having continued his labor, and felt but slight tenderness in the organ.

Three cases of Spina Bifida have recently fallen under my care, all associated with hydrocephalus, in a greater or less degree, and rendered, therefore, unfavorable for perfect cure. I did not, on this account, neglect the opportunities they offered to test the effect of the Iodine treatment.

Chicago, April 12, 1849.

Case I.—I was called to see an infant, delivered by a midwife about an hour previously, affected with a Spina Bifida, situated upon the lower part of the lumbar division of the spine, which had been ruptured during labor. It seemed to have been about the size of the closed fist. At the point where it was ruptured, the sac was formed by little else than the membranes, being almost transparent, over a space of one inch in length and two lines in breadth. The child was cold, and breathed with difficulty. I laid open the sac to the extent of the transparent part of its coverings, and saw the opening into the spinal canal, which was small—not large enough to admit the point of the little finger. Folding the collapsed sac together, I placed a compress upon it, and a band around the body, and directed the child to be warmed by artificial heat.

13th. Found the serum which had escaped and dried upon the compress had closed the opening, and that the sac was distended with serum. Child warm, and has taken food.

14th and 15th. Remains in the same state.

16th. The sac has opened and discharged serum slowly. Child shows signs of spasmodic action. I re-opened the sac, and touching the surface around the opening into the spinal canal, with Nit. Arg., again folded the sides together and applied a compress and bound it with as much force as was judged safe.

17th. Sac much inflamed; discharge of reddish serum. Child restless and feverish, but takes the breast. The discharge continued colored slightly, and gradually became offensive till the 25th, when I injected the sac with the following solution: Iodine, gr. jv.; Iod. Pot., grs. xij., to the oz. of distilled water, most of which escaped, but some was doubtless retained by the compress.

27th. Discharge less offensive and yellowish; sac much contracted, and of a deep red color. Child appears well, and takes the breast freely.

30th. Injection of oz. ss. of sol. as before; discharge purulent; less offensive.

May 2d. Injected it with sol. Sul. Copper, gr. j. to the oz. of water. Child well; discharge thin and purulent.

May 4th. Repeated the same. Child well; tumor subsiding.

6th. Repeated the injection.

May 12th. Opening closed. Child appears in health; head enlarged—bones sparated.

During the whole of this time the child grew, and seemed in perfect health until:

June 1st. Child died suddenly, of convulsions.

This case undoubtedly resulted fatally, from closing the fistulous opening in the back too soon, but it illustrates, in a striking manner, the favorable effect of injections into the spinal canal, and the little danger of inflammation to be apprehended from their use.

I was not at the time aware of the danger of keeping compresses over such an opening, and held, in common with the whole profession, the erroneous opinion that the danger in cases of inflammation of the meninges of the brain and spinal cord was greatest where an opening existed.

This is an error which has recently been pointed out by Dr. Thompson, of Columbus, Ohio. Far from closing such an opening, the sac should be punctured in cases of Spina Bifida, when violent inflammation of the membranes results from treatment and injections used, if the discharge is profuse and offensive.

Case II.—Spina Bifida, complicated with Hydrocephalus, treated with injections of Iodine.

Feb. 12, 1850. Was called to see a female child, three months old, born at seven months, excessively feeble at birth, and effected with Hydrocephalus and Spina Bifida. The tumor occupied the lumbar region; was 3½ inches in length, 2½ in breadth, and 1½ in elevation; elastic, fluctuating, semi-transparent.

I made a puncture with an exploring trochar 2 lines from the base of the tumor, and without drawing off the fluid, injected ⅔ of a dr. of the following solution: Iodine gr. j.; Iod. Pot., gr. iij.; Aq. Dist., f. oz. j.; making 1-12 gr. Iodine, and ¼ Iod. Pot. thrown in.

Feb. 13th. Tumor tense and hot; pressure on it produces twitching of the limbs. Directed the child to be laid upon its face, and evaporating lotions applied to the part.

14th. Child appears well; tumor tense.

17th. Tumor flaccid, and reduced one-fourth in size. Injected 1-6 gr. Tannin in ⅓ f. dr. j. Dist. Water.

18th. Child restless and feverish; tumor hot, tense. Applied evaporating lotions, and gave a purge of Castor Oil.

19th. Child appears well. Applied solution of Gun Cotton to tumor.

March 2. Tumor which had been flaccid and greatly reduced in size, commences to increase. Injected sol. Tannin, as before, and with the same result.

March 7th. Injected gr. ss. Iodine, and gr. j. Iod. Pot. in f. dr. j. Distilled Water. But slight symptons of inflammation resulted. Tumor diminishing rapidly in size, and becoming firmer, and of a flesh color.

March 10th. Repeated injection. Soon after the injection, twitching of the members occurred; the solution was therefore drawn off, and the sac partially filled with Dist. Water. The twitching immediately subsided. The child took the breast, and appeared in its usual health, and continued so for 18 hours. At the end of that time, in the night, the mother noticed the child to be unwell, and, lighting a candle, found it in convulsions, of which it died. Such was the account given by the parents who were sleeping in the bed with the child. Some circumstances prevented me from giving implicit credit to the account.

Prof. Davis assisted at the examination of tumor, twelve hours after death. The opening into the spinal canal was entirely closed. The sac contained f. dr. j. clear serum; its walls were thick and firm, without any effusion of lymph or unnatural vascularity. The head was tense and had increased rapidly in size for a few days before death. Dr. Davis coincided with me, in the opinion that there was no sign of irrition about the tumor, to account for the death. On the contrary, the effect of five injections in four weeks, in diminishing the size of the tumor, thickening its walls and closing up the opening into the spinal canal, without symptons of inflammation, furnish the best evidence which could be desired of the efficiency and safety of the treatment. The Tannin was twice substituted for the Iodine solution, under the supposition that its astringency would be more effective in preventing effusion; it was found, however, to produce more inflammation, with less tendency to dimminution afterward, and was therefore discontinued.

It may be stated that, from the time of the first injection, the child, which had before been puny, began to thrive, and grew rapidly up to the time of its death.

III.—Case of Spina Bifida and Hydracephalus, treated with Iodine injections.

Sept. 20, 1849. Saw a female child of Mr. R., aged 4 days, affected with cleft spine and Hydrocephalus.

The cleft of the spine was situated at the lower part of the lumbar region, was about 3 inches in length and 1½ in breadth; the abdomen was prominent, particularly on each side, the divisions of the spinal column, movable, showing that the want of union was not confined to the processes, but extended to the bodies of the vertebræ.

There was a fluctuating tumor situated over the fissure, about ¾ of an inch above the surface of the surrounding skin. Its covering was then of a blueish color, semi-transparent, and seemed composed of the thin membranes of the spinal cord, and the culticle alone. Indeed, this latter was wanting over a considerable surface, where an ulceration of the size of a shilling existed.

The head was of large size, measuring 19 inches around the frontal and parietal protuberances. The upper part of the parietal and occipital bones was wanting, and the head bulged out into a very irregular, tense, and perfectly elastic sac. The other bones were imperfectly ossified and separated. The head was hot, covered with large veins, and increased rapidly in size. The right foot was affected with a Talipes varus, and the movement of the lower extremities was feeble.

The urine dribbled away, and excoriated the skin extensively.

Applications of Nit. Arg., in solution, were directed for the ulcerated spot until it was nearly healed. Cold water was applied to the head to keep down the heat.

Oct. 9, at 12½ oclock, the treatment was commenced as follows: —

A very minute puncture was made with the point of the lancet, through the skin, half an inch below the tumor of the back, and a small sized exploring trochar passed from it obliquely upward into the sac. Without allowing the escape of more than a few drops of fluid, f. dr. ss. of a solution of Iodine, of the following strength, was injected. Iodine, gr. j. Iod. Pot., gr. ij.; Aq. Dist. f. oz. j. Making 1-16 gr. of Iodine and ⅛ gr. of Hyd. Potas. in the injection. The puncture and surface of the tumor were then covered with a solution of Gun Cotton. No pain was felt except at the moment of puncturing the skin, and from the application of the liquid plaister. I was assisted by Professors Evans and Herrick, and Dr. Meek, editor of the N. W. Journal of Medicine.

10th. 12 o'clock, M. Found the child had been restless from the time of the operation until 6 o'clock, P. M., when it became quiet; seems well. Veins of head less turgid than since its birth.

11th. Child appears well; head less tense. Applied adhesive liquid to tumor and continued cold water to head.

12th. Head tense; increased in size ½ inch. Tumor of back flaccid, flattened and slightly inflamed.

18th. Tumor of back diminishing; head increasing rapidly. Ulceration of back quite cicatrized.

In consequence of the rapid increase in the size of the head, I determined to inject it without waiting, as I had intended to do, for the cure of the back to be completed. This was accordingly done with the assisiance of Drs. Evans and Rutter. The point chosen was that most projecting on the summit and left side of the head.

About ½ dr. ot fluid was allowed to escape. The same quantity of the solution (of the strength before given) injected, and the puncture covered with adhesive solution. Child seemed to suffer no pain except from puncture and application of ether upon the point.

14th, 15th, 16th. Head hotter, and increased in size; appears well.

16th; 8 o'clock, P. M. The puncture of head commenced leaking, which was stopped by Dr. Herrick with collodion.

17th, at 4 o'clock, A. M., leaked again, and was stopped by a compress and bandage. Head flaccid; child irritable, sleepless, and starting.

19th. Head filling. To avoid danger of leaking from former puncture, 1¼ oz. of fluid was drawn off by a very oblique puncture on the right side.

20th. Child restless; affected with apthæ. Head hot.

21st. Child appears well; head natural.

31st. Head, which was stationary, has commenced to increase; measures 20 inches in circumference. It was injected at 5 o'clock, P. M., with f. dr. jss. of the solution. The puncture was made obliquely upon the summit of the right side.

Nov. 1st. For 24 hours, no effect was perceptible. At the end of this time, it commenced to be restless and sleepless, twitching often, and declined the breast. Evaporating lotions were applied to the head; a cathartic of Castor Oil administered.

Nov. 2d. The child was much relieved, and took the breast. Head stationary; the whole of the back part of it covered with a red blush which had gradually spread from the puncture.

Nov. 3d. Child restless. Head hot and red at the back part.

Nov. 4th. Heat less; redness almost gone; head diminished in circumference, ¼ inch in 24 hours.

5th. Child restless; head flaccid, diminished in size. Applied a band of India rubber, 4 inches broad, about it, to compress it.

6th. Has slept well from the time of application of band. Head diminishing.

7th. Continues to diminish. India rubber exchanged for a band of cotton.

From 7th to 24th, pressure continued; little change in head; remains stationary, at about 19 inches in circumference.

24th. Threw in ¼ of a dr. of solution; no effect.

Dec. 2d. Injected f. dr. jss. of solution. Head increasing; no effect.

15th. Head soft; diminished in size ½ inch in 24 hours.

At the first injection, but little fluid was allowed to escape. It was transparent, and showed, under the microscope, some epithelium cells. At the last operation, about one oz. was withdrawn; it was of a straw color; gave a slight cloud on application of heat, and was gelatinous on evaporation.

18th. Injected f. dr. jss. of the following solution: Iodine, iij.; Iod. Pot., gr. vj.; Aq. Dist., oz. j.; no effect.

30th. Threw in f. dr. jss. of the following solution: Iodine, grs. jvss.; Iod. Pot. gr. xij.; Aq. Dist. oz. j. No effect.

1850; Jan. 5th. Head is increasing rapidly; measures 22 inches in circumference.

Injected gr. ij. Iodine; grs. v. Iod. Pot. in f. dr. ij. Dist. Water. The fluid drawn off this time amounted to oz. iij.; was clear: exhibited, on standing, a filamentous appearance, like an exceedingly slight coagulum, and yielded, with starch, no trace of Iodine.

9th. Child was restless, and head slightly hotter than usual, after the last injection.

12th. Child well; head flaccid. Drew off oz. xij. fluid, and injected the same quantity as before, of the solution.

15th. Child slightly restless after injection, but soon became quiet, and exhibited no effect except a free secretion of tears and mucus from the eyes.

18th. Injected gr. jv. Iodine, and Iod. Pot., gr. x. in f. dr. vj. water.

19th. No effect except the secretions from the eyes.

22d. Child in perfect health; appears unusually bright, and is very active, moving its hands actively, and its feet slightly. Tumor of back reduced to a level with the surrounding skin. Urine retained naturally, and the excorations healed.

26th. Drew off oz. xvj. fluid, and injected gr. viij. Iodine, and gr. xxjv. Iod. Pot., in water, f. oz. j.

Scarcely any effect was produced by this injection. The head was stationary for about four days after the injection, and then gradually increased. Compression by adhesive straps, bandages and Gum Cotton were tried perseveringly, without effect. Head 24 inches in circumference.

Feb. 4th. Drew off f. oz. xxjv., and injected gr. xij. Iodine and gr. xxxvj. Iod. Pot. in oz. j. water. No effect was produced at the moment but in the evening, 12 hours after the injection there was twitching of the limbs and vomiting. The matter vomited colored the starched dress of the child of a dark color. The dress, diapers, bed and handkerchief used on it were impregnated with the Iodine odor for about three days after the injection, but the most careful tests, by Prof. Blaney, with starch, after adding chlorine water, never detected any trace of Iodine in the fluid drawn from the head.

Feb. 19. For several days the head remained stationary, but has commenced to enlarge. Injected gr. x. Iodine, with gr. xxx. Iod. Pot., after evacuating oz. xxjv. fluid. Head in this and other cases, when much fluid was drawn, supported with adhesive straps and bandages.

Effect the same as in the last instance, cold lotions were applied to the head, and purge of Castor Oil given.

March 5th. Head increasing. Drew off xxjv. oz. fluid, and injected the same quantity as before. Applied a laced cap to the head.

The symptoms resulting from this injection were but slight.

March 9. Drew off vj. oz. fluid, and repeated the same injection. This quantity reduced the head to the same size as before, by which it appears that 1½ oz. serum formed daily.

Remark. During the treatment for the last two months, the child has grown rapidly; the face, which was triangular and thin, has filled up, is fat and firm; the skin, from being pale, is become ruddy; the limbs are firm, and the skin of the head, from having been glistening, smooth, with but little hair and large veins ramifying over it, is conered with a thick growth of hair, and appears very natural; the bones of the opposite sides touch, and the head is 20 inches in circumference; the bones being thick and firm. The tumor of back is entirely obliterated, and the skin in its former position becoming firm and of natural color.

10th. No effect; head paler than natural.

11th, 12th. Child restless.

15th. Is in good health. Drew off f. oz. vi., and injected gr. vij. Iodine, with gr. xxj. Iod. Pot. in oz. j. of water.

20. No effect from last injection; used gr. x. Iodine, with thrice the quantity Iod. Pot. in the oz. water. Fluid drawn, oz. vj. A few bubbles of air probably passed in with the injection.

21st. Has had twitching. Head pale.

27th. Drew off the same quantity, and injected as before.

28th. Little effect; dress colored by matters vomited.

April 3d. Repeated the injection with gr. xij. Iodine, and gr. xxxvj. Iod. Pot. to the f. oz. of water. It produced vomiting and purging of matters which colored the clothing. It is probable the materials used were not pure, as they were not procured from the usual shop, and had a different effect from any former injection. Since the first commencement of the treatment it had been noticed that immediately after tapping, or while the head was diminishing in size, the child was wakeful, nervous, and affected with muscular twitching, on the slightest cause, while, on the contrary, it was quiet and had a tendency to sleep, when the head was full and increasing in size. Recently this tendency to somnolence has greatly increased—so much so that it could be at times scarcely roused. It was evident the disease was approaching its natural termination.

April 11. Threw in gr. ix. Iodine, with gr. xxvij. Iod. Pot. in f. oz. j. Dist. Water, after withdrawing oz. vj. liquid. Slight twitching of the limbs the next day.

April 17. Repeated the same quantity, after withdrawing f. oz. viij. liquid.

After about 12 hours had elapsed, the child was affected with severe and dangerous symptons, twitching, vomiting of matters which colored the clothing dark. These symptons continued 48 hours, and were the worst the child had experienced since the commencement of the treatment.

The analogy supposed to exist between Spina Bifida and Hydrocephalus had at first given rise to the expectation that the treatment of the latter disease, by injections of Iodine, would be found efficient in its cure. This hope, after a fair trial, had in this case been abandoned, but the treatment was still continued, in the hope that its obvious effect in retarding the increase of the head might enable the bones to close at a size which would allow of health and intelligence in the child.

The gradually increasing severity of the symptons, following each injection, and the tendency to somnolence and diminished activity and intelligence of the child, suggested the propriety of suspending their use.

Accordingly, on the 2d. May, I drew off viij. oz. fluid, without any injection, the tension of the head and somnolence rendering such relief necessary. For two or three days, this afforded relief, but fluid accumulated with unusual rapidity, so much so that during my absence, in attendance on the National Medical Convention, at Cincinnati, the head attained a great size, the child became somnolent, and Prof. Herrick was called on to tap the head, which he did, May 12th, to the extent of vj. oz., with but partial relief.

It was in this condition that the head was found on my return, May 14. It was greatly increased in size, hotter than usual, covered with large, branching veins, and the child somnolent.

Notwithstanding the approaching fatal result of the case was apparent, yet the rapid aggravation of the symptons under the treatment by tapping alone, as compared with that by tapping and injection, induced us to resort again to this latter, as a palliation; accordingly, on the 15th, I threw in gr. vj. Iodine, with thrice that quantity Iod. Pot. in oz. j. water. The amount of fluid previously drawn off was oz. xij.

No perceptible effect was produced for 12½ hours, when the child commenced vomiting and purging, fell into a convulsion and died immediately.

EXAMINATION AFTER DEATH.

The back, in the situation of the former tumor, was found smooth, firm, with but slight traces of disease. A cure of the Spina Bifida had evidently been effected.

On laying open the cranium, two-and-a-half pints of clear fluid was discharged. This was contained, principally, in the enlarged ventricles, there being but a thin layer on the surface. The arachnoid membrane was in a perfectly natural state, thin, polished, delicate; without any thickening or opacity. At the point where all the punctures but two had been made, the two layers of the arachnoid were closely adherent to each other. So that all the injections had been made into the ventricles, and not, as I had thought probable, into the sac of the arachnoid. The deception, in this respect, arose from the extreme tenuity of the ventricular walls, which over the upper part of the cerebrum were scarcely a line in thickness, and at points composed of the investing membranes of the organ, the cerebral substance having entirely given way, so that the canula could be easily felt, when in the ventricle, by the finger on the outside of the head.

Decending to the lower surface of the cerebrum, the walls of the cavity became thicker. The optic thalami, and corpora striata, although separated from each other, were entire, and, with the exception of flattening, in their natural state.—The corpora quadragemina, medulla oblongata, and cerebellum were well developed and healthy.

The internal surface of the inmmense cavity, was composed of white nervous tissue, firm and smooth, except at points where there were slight elevations, without any sign of lymph effused or unusual vascularity. Indeed, the whole substance of brain and its membranes, seemed less vascular than natural. The corpus callosum, extremely thin but not divided, formed the roof of the cavity. The *iter ad infundibulum* was dilated, but the *aquaduct of Sylvius* seemed not pervious without pressure. On the floor of the cavity lay the choroid plexus hypertrophied and resembling a congeries of mucous follicles, rather than the natural condition of the membrane.

Between the cerebrum and cerebellum was found a cyst of the size of a small plum, containing a serous fluid. On opening this, there was found a small surface, resembling entirely that of the choroid plexus in the large cavity.

This circumstance, together with the perfectly healthy appearance of the arachnoid, induced Prof. Herrick, who assisted me in this examination, to believe that the common opinion, that *internal* chronic Hydrocephalus originates from the arachnoid membrane, in so far, at least, as this case is concerned, is erroneous. He thinks the diseased choroid plexus was the source of the fluid. On examining that tissue with the microscope, his opinion (in which Prof. Davis concurred) was confirmed, for he found in this tissue, a great number of cells, arranged in groups, or in form of racemes attached to a common foot-stalk.

I am under the deepest obligation to Prof. Herrick, for assistance during the treatment of this case. I was also assisted by Profs. Evans, Blaney, Davis, Dr. David Rutter and several other medical friends.

The inferences which I think may be legitimately drawn from these cases, are:

1. Injections into cavities affected with Dropsies, may be made without great danger; the violence of the symptoms will depend upon the strength of the injection, the quantity of fluid present, and the duration of the disease. Old cases, when the membrane is thickened, or when the quantity of fluid is great, or when the surface has gradually become accustomed to the

presence of the fluid, are those in which there is least danger to be apprehended.

2. Spina Bifida is generally a curable disease by such a treatment. Still I would by no means assert that success can be always expected. It is sometimes associated with mal-formations or incurable disease. The internal surface of the sac is often inlaid, in a great part of its surface, by the trunks of the sacral nerves. A puncture of one of these, whether in tapping, injecting or acupuncture, may be followed by serious results. This frequent presence of nervous trunks, is a fatal objection to excisionof the coverings of the tumor, to fetch the edges together by stitches.

In addition, Erysipelas or convulsions may occur in such cases, from a simple puncture.

Still, in general, I have no doubt the treatment will be found, as compared with any other known method, safe and efficient.

The following are the circumstances to which I would particularly call attention as necessary to its safety and success.

Using not more than 1-32d part of a gr. Iodine, and three times as much Iod. Pot. at the commencement, dissolved in Dist. Water, and *be sure it is of perfect purity, and the solution recently made.*

As long as it produces moderate inflammation, do not increase the quantity.

Make the puncture 1-4th inch from the base of the tumor, in sound skin; it is much safer.

Do not evacuate the tumor, or if it escapes, replace the fluid drawn off by Dist. Water.

If spasms should occur, the fluid might be withdrawn and Dist. Water injected.

The child should be laid upon its face, and if heat and tension occur, cold be applied to the part and head.

As soon as the tension is past, collodion should be applied and re-applied as long as it continues to diminish in size. When it ceases or increases, a new injection should be made.

3. The cases of ascites treated by me thus far, in this method, were such as offered favorable opportunities for testing injections

in reference to the inflammation they might produce; it was necessary first to remove an erroneous opinion concerning their danger. I regretted, afterwards, not having continued their use, with the object of effecting a cure.

It is probable that inflammation has little or no connexion with cure of Dropsies by injection. It is only necessary, in such cases, to change the elements of the fluid, in some considerable degree, and the tendency to effusion ceases, the action of absorption becomes more rapid. It might be supposed that the case here narrated, of Hydrocephalus, militates against this opinion. We have already shown that it is most probable that the fluid in that case was the result of secretion from a morbid glandular structure in the choroid plexus, and not, by any means, an exhalation from the surface of the arachnoid membrane. If it were otherwise, and Hydrocephalus were analagous to ascites, anasarca and other serous effusions, the want of success in curing it would not militate against its utility in other cases. To any one who saw the child at the commencement of the treatment, and observed the rapidity with which the head increased, there could be no doubt that, without treatment, the term of its life could be but a few days or weeks, at farthest. That the treatment cured the back, removed, in a great degree, the paralysis, and modified and retarded the progress of the disease in the head, will afford encouragement for applying it in any case less certainly fatal than that disease.

The effect of these injections, in filling and saturating every part of the system with the medicine, should not be overlooked. In the Hydrocephalic child, the most violent symptons followed effusion of the Iodine into the stomach. There was no salivation, as is the case when the medicine is thrown into the veins. Several years since, having occasion to treat a vascular tumor, of a doubtful nature, I threw into it a small quantity (the notes are not at hand) of Iodine and Hyd. Potash, in solution. In a few seconds the patient experienced a bitter taste in the mouth, and a free salivation which lasted a week. It was composed simply of enlarged veins, and the medicine had entered the circulation.

Convinced of this fact, the operation was repeated with the same result. In the case of injections into the head, on the contrary, the effect seemed to be to invigorate nutrition, and fatten the child, which grew notwithstanding the effects following each operation. The importance of being acquainted with the action of other substances than those used thus far, when introduced into the cavities and tissues of the body, the effects they may produce in other diseases, such as ovarian cysts, anasarca, &c., might, with propriety, be considered here. They will, however, naturally occur to the reflecting mind, and I shall defer their further notice until I can communicate some facts calculated throw light on the subject.

CHICAGO, May 22d, 1850.

ARTICLE II.

Milk Sickness.—By J. J. Lescher, M. D. of Mt. Carmel, Ill.

In endeavoring to identify the poison of *milk-sickness* with Malaria, or, in other words, to argue the correctness of the belief, that the cause of Malarious fevers, and of *milk-sickness*, or *tires* in the brute are the same, I will not attempt an elaborate article, but rather present a brief statement of facts which would seem to give countenance to such a theory of the poison in question. To discover the pestiferous agent, has engaged the attention of the wise and the unwise; each one advancing a theory at war with all others. That there should be such discrepancies in opinion, has at all times been a matter of no little astonishment to me; inasmuch as so simple and plausible a solution of the mystery is at hand, and one which seems incontrovertible.

Whilst one class has evinced no little labor and research in ascribing the cause of *tires* to a vegetable origin, contending that the noxious weed had been discovered; another with an equal share of rhetorical skill, has as violently assailed it as preposterous, and instead of a vegetable, believed it a mineral.

A third, not content with either, confidently finds it in water, not knowing whence it derives, or by what name it is to be known. In arriving nearer the truth, as I conceive, however vaguely expressed, a fourth class, call it an exhalation from the surface of the earth, the chemical relation of which, they cannot define. That *milk sickness* is induced in the quadruped by an exposure to an earthy exhalation, and that Malaria is the exhalation, there can scarcely be a doubt, and for the following reasons:

Upon a careful inquiry concerning the location in which the disease under consideration prevails as an endemic, we invariably find that the same localities engender in man, malariou fevers proportioned in severity to the brute scourge. W find by reason of the prevalence of disease in man, the presence of Malaria; that the soil is alluvion, being a mixture of animal and vegetable remains. We find furthermore, that the periods most favorable for both classes of disease are identical.

Since we have every reason to believe that the disease i the brute spends its force on the nutritive system and abdominal viscera primarily, as is peculiarly manifested by visceral obstructions, a greatly depraved condition of the secretions, and a very marked derangement of the function of innerva tion; and knowing a set of conditions precisely similar, to manifest themselves in the human organism, following an ex posure to miasm, should we not seem to approximate som thing like a just conception of cause and effect, in ascribin to the same pathological conditions a cause one and the same? To forestall the objections of those who would deny or reject my theory of the cause of *tires* on the ground that it is known to occur in places far remote from the vicinity of stagnant pools and marshes, so far indeed as to preclude the possibility of the Malaria having traveled thither, I would say: That in such places wheresoever they be, the soil, from its animal and vegetable composition, nevertheless gives Malaria, tho' in a degree less than in low and marshy places, and as a necessary consequence, we find ague, which of itself establishes beyond a doubt, the true character of the soil and miasm.

To the individual who will exclaim, "ah! but why does not milk-sickness show itself wherever ague, bilious fever, &c. do?" The answer may be easily discovered by inquiring into the mode and manner of raising cattle in such places. Instead of being permitted to run at large and endure the hardships of an exposure to the inclemencies of winter, and left to seek for a subsistence in the croppings of shrubs, etc., they are kept under shelter and generously fed, in which situation they remain during winter, until the season of vegetation makes its appearance, when they have health and vigor, sufficient to resist the pernicious effects of malaria, which may be evolved during the succeeding autumn. Whereas, on the other hand, such cattle as are left to themselves, in a state bordering on starvation, become so enfeebled as actually to invite the fury of that which excites the scourge—the miasmatic hydra.—The reason of the exemption of horses from the *tires*, is undoubtedly attributable to the same cause. Horses are seldom known to have it, and for the very simple reason, that they are rarely left in herds to graze the localities in which cows and other horned cattle are permitted to run. Sheep are exempt from the same cause.

Since no cause more terrible than that of malaria, can be discovered to account for these diseased phenomena; and from its known pernicious qualities with respect to the human organization, is it not more rational to adopt it as the cause which we so long have sought? It is surely more in accordance with the common sense of things, to adopt it, than to seek for and speculate on an unknown cause—an *ignis fatuus.*

Some may perhaps contend that the *milk-sickness* in the brute is characterised by a greater virulence, than that of malarious diseases in man as occurring in the same localities. That such is the fact, I am not prepared to deny; but notwithstanding this seeming difficulty, I am not the less inclined to identify the cause. In the one case, by reason of constant exposure, the poison accumulates, and is likewise more highly concentrated, because of the uninterrupted inspiration of the same; and by reason of the peculiarity of i physical conformation, and the manner in which it mı search for its food, the quadruped has its nostrils constan brought in contact with the ground, in consequence of whi it inhales the denser and more poisonous part of the miasm That such an explanation is strictly in accordance with fa is more than probable from the well known laws which go ern malaria. No one who acknowledges such an agent as m asm, doubts that the lower strata of the poison are more noxious than those more elevated—that it cannot ascend to gre heights, that the higher it ascends the more innocuous it becomes, until it ceases to be pernicious. And hence, the escape from diseases peculiarly traceable to a malarious origin, of the majority of those individuals who sleep in upper stories; of those whose houses are built upon an artificial or natural mound. If these laws are well established, and as tending to modify the virulence of the deleterious agent, taking it for granted that the same agent is the exciting cause of the *tires* in the brute, the difference in point of severity of the two diseases, can be very easily reconciled. For instance, upon two individuals of similar habits, expose to the same cause, differing only in degree, and the consequence will be, that, in the case of the one exposed to the lesser degree, he will be subjected to a disease precisely the same in character with the other, differing alone in severity. The same mode of reasoning with reference to the human and brute creatures, must lead to the same conclusions, modified to be sure, by the difference of organization.

If my etiology of *tires* be correct, and as such generally acknowledged by that portion of the profession whose habitation affords them the opportunity of witnessing and treating *milk-sckness*, as it shows itself in the human species, methinks very important and useful deductions, could be drawn, tending to a more rational, and eminently a more speedy and successful treatment. Instead of clothing it with gorgon terror and inexplicable mystery: Instead of regarding the disease under consideration, as induced by eating *poisoned* meat, and drinking *poisoned* milk, it were merely regarded as the consequence of *diseased* ingesta, the treatment would be vastly simplified. and a long train of suffering, both mental and physical, would be spared the despairing sufferer. I italicise the word poisoned, because, when used in this connection, the mass imply by it something specifically alarming and terrible. Why not regard the diseased flesh and milk, as the flesh and milk of an animal dying of *brute ague*, as, indeed the vulgar name of *trembles*, which is but another appellation by which the *tires* is known, pathognomically expresses; meaning that it stands for a disease characterized by rigors.

The deleterious effects of diseased meats, on the human system is well known. Witness for instance, the history of those suffering under the effects of eating the flesh of cattle laboring under the disease which in Germany, is known as *milzbrand*, which, judging from the literal meaning of the term *milz*, spleen; and *brand*, gangrene, I am very much inclined to regard as synonymous with *trembles*. When the flesh of overdrawn oxen excites disease of the first passages in those eating it, the assertion of Prof. Dunglison to the contrary notwithstanding, an instance in proof of which, I will relate, it need not be a matter of surprise. But when the flesh of diseased cattle, and of over-driven cattle, excite symptoms very like each other, it should at least teach us caution in ascribing undue qualities to the flesh of *milk-sick* cattle.

A number of years past, whilst attending a course of lectures in the Medical College of Ohio, Prof. Mussey, related the following: During a hot and sultry autumnal day, a large and healty drove of fat oxen were for some cause or other overdriven, in reaching the Boston market, soon after which some were slaughtered, and the flesh disposed of. Many who had eaten of the meat, he observed, were seized with nausea, succeeded with violent pain in the stomach and bowels, incessant vomiting &c. Although at first, the bowels were frequently evacuated, they subsequently became obstinately constipated. An instance similar to the above, I remember to have seen in newspapers, a few years ago. L us for a moment trace the disturbances in the system, following the use of the flesh of an ox which we have every reason to believe diseased preceeding slaughter. Sooner or later it excites a disordered condition of the stomach and bowels, known by the name of irritation of the gastro-enteric mucous lining membrane; which, if not speedily removed, excites through sympathy,the nerves of nutrition,and is soon succeeded by deranged function of the glandular system, causing the secretory organs to throw into the alimentary tube,irritating and depraved fluids, and finally terminating in inflamation of a low grade during the entire course of such diseased action, it may very properly be compared with *milk sickness.* To establish farther the identity of the cause of *tires* with malaria, we need but inquire into the means which are known to be effectual in destroying the cause. Cultivate the ground, and *milk-sickness*, disappears. The same holds good with respect to malaria, altho' not to such a degree as to prevent its formation totally. Prof. Drake, than whom we have not a sounder or more practical mind in the West, on the subject of Western Medical Topography, says, cultivation is the most infallible of all other means.

In the early settlement of Green Co., Ohio, the *trembles* was so annoying and of such frequent occurrence as very much to interfere with its settlement, which for a time remained at a stand-still, whilst neighboring counties not obnoxious to the scourge, rapidly filled up. However, as the lands were drained and cultivated, the disease disappeared, and at this time is perhaps wholly unknown to its citizens, except by name. In the same place, malarious fevers are by no means frequent.

Of the good effect of cultivation and draining, many incidents might be related; but let the experience of shrewd and observant farmers suffice. If asked how best they may protect their cattle, their answer is: "fence the infectious ground clear, and sow it in grass." Will not the same process diminish malaria? Is not malaria the noxious enemy against which the farmer directs his energies? Like the Apollo of heathen mythology, does he not stay the breath of the Python by destroying the monster? To return to a consideration of the different opinions concerning the cause of "brute ague." To detect the cause in any of the species of *rhus*, is so utterly groundless, as scarce deserving any thing more than a mere denial.

That it resides in any mineral, is equally as untenable; inasmuch as the means effectual in dissipating the cause, cannot reach the mineral.

That it must be malaria, is further confirmed by the fact, that wild turkeys contract the disease, which could scarcely be possible unless it be through the medium of their organs of respiration—unless, as some contend, they eat the diseased flesh.

In view of all the foregoing facts, if malaria be so subtle an agent, as to excite some of the most formidable diseases to be found in the calendar of human ills, where is the propriety of discarding it when searching for a thing known to possess properties alike with it? Or rather, wherein consists the impropriety of ascribing to it, powers capable of inducing functional and organic derangements in the brute creation, as it is known to effect in the human? There is no need of casting aside a known cause, to seek a bug-bear or a phantom.

Therefore, if malaria be the cause, we need no longer combat with a foe unshapen and unknown; but on the contrary give it "a local habitation and a name." The reproach of a baffled art would cease to rear its sneering front. But so long as there continues to be such a contrariety of opinions as to the etiology and pathology—so long as we seek for, and are confidently taught the presence of a *specific* poison in the fluids and solids of the brutes, imparting its specific qualities to the organism of the human being, engendering poisonous properties in the circulating mass, instead of regarding the fluids as deteriorated by reason of the irritation primarily excited and established in the first passages, so long may we deplore the want of a rational therapeutical management of the suffering—so long must we endure the taunts and jeers of the ignorant and petulant.

Upon the whole, undue importance seems to be attached to the disease. Prof. Drake says: "in the districts where the disease is endemic, it does not destroy as many as pleurisy or cholera morbus." From the crude notions of its pathology, its frequency is wildly exaggerated, confounded as it frequently is with Bilious Vomit, Gastritis, and intestinal derangement produced by ordinary causes. And because such diseases are so often aggravated by an empiric course of stimulation and acrid purgation, under the impression that the disease under treatment is *Milk-Sickness*, lives are sacrificed, and the court of the insatiable *milk-sick* minister of Death is thronged with the ghosts of the unfortunate victims.

Milk-Sickness is generally regarded as an alarming disease, and as one demanding more than ordinary medication; the mass believing that the gift of curing it, is one akin to the supernatural, not to be acquired through the common media of medical instruction; and hence the propensity of ignorant and unprincipled medicasters to report simple gastric derangements as *Milk-Sickness*; the consequence being, that their fame reaps *milken* as well as *golden* laurels.

This lip-mocking class of trumpeters know, very well, the marvellousness of the mass, and the strange fondness which this same credulity begets for the mysterious, in the matter of disease and medicine. They know, likewise, the proneness of testing a physician's skill by a numerical method; that is, the one who loses the greater number of patients laboring under a *reputed* disease, however much skill he may have displayed, must bear the reproachful and *ungrateful* epithet of of an unsuccessful *doctor*. The palm of victory and triumph is awarded to the *pseudo-medicus*. The modest man of science, who treats *diseases*, must have his prized reputation tarnished and trodden under foot, whilst his rival, whom he does not condescend to regard as such, who treats *names*, changed to suit the popular breeze, is heralded as a prodigy in his profession. There is a strange disposition, in the great majority of men, to hanker after that which is not in the ordinary course of things. The every-day occurrences of life, move them not, but let something appear, which to them is incomprehensible, then all is wonder and amazement.

So it is in the practice of medicine. Simple and *truthful* names for diseases, as they ordinarily occur, excite no astonishment, unless it be a feeling akin to disappointment, because of the simplicity of the name of the disease. But bring forth the charlatan "Congstive Chills!" of "Winter Fever!" of "Milk-Sickness!" of "Fuss and Feath-ers," and witness the effect!—a whole community stands agog. The excitement whets the appetite of the panic-stirring *doctor;* as the season changes, so does his epidemic, always artful enough to take his cure from his superior, whose honest reputation he covets.

Part 2.—Reviews and Noties of New Works.

ARTICLE I.

Transactions of the American Medical Association, Instituted 1847. Vol. 2, pp. 956, 8vo. Philadelphia: Printed for the Asssociation, by T. K. & P. G. Collins, 1848.

In continuing a notice of the contents of this volume, which was commenced in the last preceding number, we come next in order to the Report of the Standing Committee on Medical Education.

The duties of this committee are defined in the following extract, viz:—

"1st. An examination into the general condition of Medical Education in the United States, in comparison with the state of medical education in other enlightened nations; noticing, as occasion may call for, the courses of instruction, the practical requirements for graduation, the modes of examination for conferring degrees, and the number of pupils and of graduates at the several medical institutions in the United States.

"2d. The requirements of the United States Army and Navy Boards of Medical Examiners.

"3d. The legal requirements exacted of medical practitioners in the several States of the Union.

"4th. Such measures, prospective or established, in reference to medical education, and the reputable standing of the profession, as may be deemed worthy of special consideration."

The Chairman of the Committee was Dr. F. Campbell Stewart, of New York city.

The report occupies about one hundred pages of the Transactions, and is one of the ablest in the present volume. It gives a satisfactory, though brief, account of the rules, regulations, and requirements in force in the principal European institutions for medical instruction, and the conferring of degrees; following which is a more extended and equally judicious summary of the general condition of medical institutions and education in our own country. This part of the Report, not only embodies all the facts necessary to a fair understanding of the systems of medical education, at home and abroad, but it embraces also many extracts from the correspondence of the Chairman of the Committee, showing the views and opinions of many eminent members of the profession, and especially those connected with our colleges. From this report it appears that the shortest time allowed for the study of medicine in any of the countries of Europe, is *four* years, and the least time spent in attendance on lectures, during the period of study, is an aggregate of *two years*, or four courses of six months each,—while in this country the longest time required is three years, including two courses of college instruction of from fourteen weeks to five months each; or less than half of the college instruction required in Great Britain, and only about one-third of that given in all the continental countries. The following paragraphs taken from the report, contain sentiments worthy of serious consideration, viz:—

"By an examination of the details given in the preceding pages, it will be perceived that the system of instruction in medicine, in vogue in European countries is much more perfect and satisfactory than with us.

"The time required to be devoted in study is not only longer, but a preparatory education is, in all instances insisted upon, as being absolutely essential; and young men, before commencing their medical studies, must furnish abundant and satisfactory evidence of their having attained a given, and by no means small, amount of academic learning. It is wisely considered that, without preliminary training and knowledge in the several departments of general science, their minds are not properly prepared for receiving instruction in the high and complicated branches of professional education.

"The subjects taught in Europe are more numerous, and a much greater proportion of time is devoted to their study than s allowed in the United States. They are so disposed, also,

that they follow each other in a regular consecutive order. The student is thus enabled to prepare himself on a given number of subjects, by close application to their details, in a reasonable period of time; after which he is examined, and, if successful, his mind being relieved of a portion of care and anxiety, he is better prepared to commence and prosecute the study of a new series, upon which he is likewise, in turn, examined, and which he dismisses, for the time being, from his thoughts. How infinitely superior is this course to that which compels him to burden his memory, and toil during the whole period of his attendance on lectures, to keep pace with his preceptors in their endeavors to impart to him instruction on a multitude of subjects which are crowded together, and a knowledge of all of which must be obtained in the very short space of time allowed by most of our colleges as the period in which their courses are comprised. * * * *
The division of the scholastic year into summer and winter courses, which is practised at all of the institutions abroad, is a judicious one, and worthy of our imitation. * * *

"The advantages of having Professors made independent of their students, in being paid for their services wholly, or in part, by the State, are self-evident. This course is pursued everywhere in Europe, except in Great Britain, where teachers are, as in this country, paid by fees alone."

Under the head of "Recommendations for the Improvement of the Profession," the report insists strongly, and justly, too, on the necessity of proper attention to preliminary education, giving a plan by which it may be insured; of true Hospital or Clinical instruction; of more rigid public examinations for the Degree of M. D.; of lengthening the lecture terms, and dividing the subjects taught into two series, that they may be pursued in consecutive order; and of establishing in each State a Board of State Censors entirely unconnected with teaching, whose duty it shall be to examine rigidly, all candidates for admission into the ranks of the profession as practitioners in the several States, whether they are graduates of a medical college or not. In reference to this last recommendation, the report says:—

"We think that no material and lasting good can arise from an elevation of a standard of requirements by one or two colleges alone. The only manner in which the desired end could be obtained, would be by the co-operation of all the colleges, in the establishment of a uniform curriculum ;—and is this practicable? can it be expected that rival institutions, possessing a great diversity of interests, and unequal facilities for teaching, will unite in a general scheme, which would have the effect of concentrating students at such colleges as are in reality best prepared to impart instruction? We unhesitatingly answer in the negative ; *it is useless even to ask it.*

" But let each State of our Union authorize the establishment of a Board of disinterested Examiners, who shall have no direct interest in view, and the obtaining of whose certificate shall be always obligatory, prior to permitting an individual to engage in practice, and a direct check is at once imposed, which will make it to the interest of the schools to raise their standard to the level of that established by the licensing Boards, and a fair and just rivalry will then commence between the colleges, *as to which shall impart the requisite amount of instruction in the shortest space of time, and with the least expense to the student.*"

In another place the report adds :—

" The plan of establishing independent Examining and Licensing Boards, is, as you are well aware, neither original with us, nor a new thing in the United States. It has been so often and so freely discussed, that all of you are familiar with the subject, and its successful introduction into some of the States, where it is now in force, shows that it is both practicable and beneficial to the people and the profession. * * * *. It has also been shown, in another part of this report, that the system is in vogue, and is found to work well in many parts of Europe, where its adoption has been attended with the most satisfactory and beneficial results."

These sentiments are the dictates of sound common sense. The idea, so much talked of by some, of getting our forty medical colleges to unite in the *practical* adoption of an elevated curriculum of study and requirements, or of a uniform rate of fees, is simply absurd. Just so long as their interests are local, diverse, and selfish, there will be no other practical concert of action on these topics, than that which is sometimes brought about between the extreme advocate of southern slavery and the rank northern abolitionist in Congress, viz: a union to oppose some practical measure, not satisfactory to either extreme. The whole report is an extremely interesting and important one, and is alone worth the price of the whole volume. Appended to it, are two papers; one from the medical Faculty of Harvard College, opposed to the extension of the lecture term beyond *four* months, the other from a Select Committee, appointed by the Association to present the reasons, in full, in favor of lengthening the time of college instruction to six months. The latter paper is drawn up with ability, and presents facts and ideas which ought to be well considered by every member of the profession. If the following sentiments were generally remembered and acted upon, there would be less difficulty in advancing the common interests of the profession. This sub-report says:

> " The subject of medical education is not limited to a mere consideration of *the interests of students and schools.* They are not the only parties it concerns; it occupies a much wider field, and embraces interests and relations of much deeper import. To discuss this question in its true spirit, and to reach all its consequences, it must be examined in all its bearings. Results without this course must be invalid. It is this broad view that governed the decisions of this Association at its former meetings, and its re-affirmance of them at its present session. On this question it was regarded that the *public*, the *science*, and the *profession*, had interests as deeply involved as the students and the schools; and that the Association was bound to look to and protect them."

We must close our hasty notice of this part of the Transactions by expressing the hope that all our readers will procure the volume and read it for themselves. N. S. D.

ARTICLE II.

NEW MEDICAL SCHOOL—PROGRESS.

We have received the *first Annual Announcement* of the Faculty of the Medical Department of the University of Michigan, located at Ann Arbor. Although one of the youngest States in the Union, Michigan deserves, if she does not enjoy, the credit of having adopted a more complete and liberal system of education than is to be found in any other State or country of which we have any knowledge. Having received from Congress a rich donation of public lands for school purposes, she did not follow the example of some of her sister states of the West, and allow half their value to be wasted by negligence and bad management, but faithfully devoted them to the establishment of a complete system of schools for the whole State; embracing primary, or district schools, sectional, or academical institutions, and a State University, which is provided with Departments of Law and Medicine. We are glad to see by the circular before us that the Regents of the University, in organizing the Medical Department have been actuated by the most liberal and enlightened motives.

The following extracts will show both the actual regulations adopted, and some of the objects they were designed to accomplish :—

> " Prominent among the proposed innovations, are *pre-requisitions* to entrance upon the study of medicine—extension of the lecture terms—thorough daily examinations upon the topics discussed in the lectures—and proofs of a higher degree of proficiency, prior to granting the diploma. The exigencies of the time, it is believed, call for the establishment of an institution in which these ideas can be carried into practice; and no school, perhaps, is better situated for the realization of the objects proposed, than the one referred to in this Announcement.
>
> " Fortunately, Michigan has the desire and the ability to possess herself of the honor of being the pioneer in this important improvement. Her statutes require that the Univer-

sity "provide the inhabitants of this State with the means of acquiring a thorough knowledge of the various branches of Literature, Science, and the Arts," the "Department of Medicine and Surgery" being especially designated. The law provides that the instruction given in this Department of the University, as in all others, shall be gratuitous, the Professors being paid from the munificent fund provided the State of Michigan, for this purpose, by the general Government."

The following are among the regulations adopted, viz:—

"Every candidate for admission shall present to the Faculty satisfactory evidence of good moral character, and also of such literary attainments as have been recommended by the National Medical Association, viz: A good English education; the knowledge of Natural Philosophy, the elementary Mathematical Sciences, and such an acquaintance with the Latin and Greek languages as will enable the student to appreciate the technical language of medicine, and read and write prescriptions.

"The Course of Lectures in this Department will commence on the first Wednesday in October and continue until the third Wednesday in April.

"There will be *four* lectures daily, except on Satur
which day will be devoted to clinical instruction and re
of Thesis.

"Each candidate for graduation shall so announce h
at the close of his first, or the commencement of his
course, and shall be examined upon the subjects of An
Physiology, Materia Medica, and Chemistry.

In order that any student may be admitted to the Degree of Doctor of Medicine, he shall exhibit evidence of having pursued the study of medicine and surgery for the term of three years, with some respectable practitioner of medicine (including lecture terms); must have attended two full courses of Lectures, the last of which must have been in the Medical Department of the University of Michigan—must be twenty-one years of age—must have submitted to the Faculty original Thesis, in his own hand-writing, on some medic subject; and have passed an examination, held at the close of the term, satisfactory to the Faculty.

"A charge of *ten dollars, paid once*, is the only fee required of the student. A deduction of one year is made from the term of study in favor of those who have graduated in the

Literary Department of the University, or in other respectable colleges. And clergymen, members of the legal profession, and graduates of other respectable medical institutions, may be permitted to attend as "honorary members of the Medical Department."

We notice only two serious obstacles to the complete success of these judicious regulations. One is, the location of the school where no adequate *Clinical*, or *Hospital* advantages can ever be provided; and the other, beginning with only five members of the Faculty. Still much credit is due to the Board of Regents for the adoption of such a liberal system, and especially to our friend Dr. Pitcher, of Detroit, one of its most influential members. N. S. D.

ARTICLE III.

A Universal Formulary: containing the methods of preparing and administering officinal and other medicines. The whole adapted to Physicians and Pharmaceutists: By R. EGLESFIELD GRIFFITH, M. D.; pp. 567; Philadelphia, Lea & Blanchard, 1850. (From the Publishers, through J. Keen, Jr., & Bro., Chicago.

This seems to be a very comprehensive work, so far as the range of its articles and combinations is concerned, with a commendable degree of brevity and condensation in their explanation.

It cannot fail to be a useful and convenient book of reference to the two classes of persons to whom it particularly commends itself in the title page.

ARTICLE IV.

A Response to a Professor, and a speculation upon the sensorum: By Bennett Dowler, M. D. (From the author.)

The title of the pamphlet of sixteen pages, given above, might lead some to expect a severe repartee to the complaint of Prof. Le Conte, that Dr. Dowler, in his "Contributio to Physiology," neglected to give due credit to his publish experiments upon the alligator. But a perusal of it dis vers a plausible reason for not mentioning Dr. Le experiments in said paper, though he regrets now he strengthened his conclusions, by quoting them again. T explanation is simply this: Dr. Dowler had but a sho time previously given a synopsis of Prof. Le Conte's experiments in the same periodical, the N. O. Med. Journal, which were in many respects similar to his own, and a want o room prevented their being re-produced.

A perusal of the pamphlet shows entire good feeling and a stronger preference for the development of truth and the establishment of the author's views of the physiology of the nerves and brain—of the seat of the sensorium, than a disposition to contend for priority; observing, "it is verity rather than priority, which is most important." The arguments in favor of the existence of mental power in other parts of the nervous system than the brain are plausible, at least. E.

ARTICLE V.

Transactions of the Medical Society of the State of New York, during its Annual Session, held Albany, Feb. 5, 1850; pp. 276.

The first article in this volume is the Annual Address, from the President, Dr. Alex. H. Stevens, of N. Y. city, upon the subject of the "The Public Health." It occupies twenty-seven pages, and is replete with useful information upon the subjects of the importance of State sanitory regulations, ventillating buildings, and drainage.

The second article is a clear and forcible argument, by the same author in favor of the opinion that Asiatic Cholera is communicable.

The third paper is "An Historical Sketch of the state of medicine in the American Colonies, from their first settlement to the period of the Revolution: By Jno. B. Beck, M. D., &c," of which we are also indebted to the able author for a copy of the second edition in a separate form.

The fourth article is made up of "Contributions to the vital statistics of the State of New York; by Lemuel Shattuck, Esq., of Boston."

These are valuable papers, as, indeed, are several others that follow.

But our space is too much crowded to give it a further notice.

Dr. Alexander Thompson, of Cayuga Co., was elected President for the ensuing year.

ARTICLE VI.

A Systemactic Treatise, Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America, as they appear in the Caucassian, African, Indian, and Esquimaux Varieties of its Population: By DANIEL DRAKE, M. D. Cincinnati; Winthrop B. Smith & Co. Philaeelphla; Gregg, Elliott & Co. New York; Mason & Law, 1850; pp. 878 oct. (From the publishers, and for sale by A. H. & C. Burley, Chicago.)

A book is here presented. worthy of the name; one which has cost as much labor to produce it as any medical work yet published by an American author—one that presents greater amount of Hydrographical, Meteorological Physiogical, and Social information in reference to the etiology of the terior Valley of North America than is to be found collated in erence to any other country so far as we are informed—on that is made up of an original collection of important f which render the work equal in value to any American m cal publication that has yet gone to press, and which will g it as enduring a reputation as can reasonably be claimed any other—a book that is highly pleasing in style, and free from the appearance of a set effort to be entertaini It interests because in almost every page it communicate the physician of the country of which it treats, such inforn tion as he desires to have.

We feel proud for the West, that such a work has not been produced but also published here, in a style of ex tion that will compare favorably with the works of the celebrated publishing houses in the country.

To give at the same time the plan of the work before and to show the high estimation of the work by an esteen trans-Atlantic contemporary, we give the following from Medical Examiner for June :

"Book first treats of *General Etiology*, which is discu under the heads or parts of 1. *Topographical and Hy graphical Etiology ;* and 2. *Climatic Etiology*. The seco which is the most attractive theme, cannot however, be eit studied or understood to any extent, without the aid of first ; and the two jointly are of a paramount value, we m say necessity, for a clear knowledge of the diseases descri in a subsequent part of the work. It would be a grave n take in the reader and injustice to the author, not to s unity of plan and purpose in its numerous divisions. of these, which, at first sight, would seem to be matte allowable philosophical curiosity, merely, or at most, co ral or even introductory, are, truly, an integral and indispensable part of the treatise ; and they could not be detached from it without marring its proportions, if not actually destroying its characteristic and atttractive features.

The common constituents of climate, in temperature, atmospheric pressure, and dryness and moisture, force and direction of the winds, and electricity, are greatly modified, independently of latitude and the succession of seasons, by the localities, whose peculiarities are included under the head of *Topographical and Hydrographical Etiology.* This is first exhibited in a "*general analysis*," and then in connection with successive portions of the "*southern Hydrographical Basin*," which includes the Gulf of Mexico and the different towns and harbors and inlets from Vera Cruz to Mobile, and the *Delta of the Mississippi.* Thence, in one direction, we follow along the bottoms and bluffs of this river on to the Upper Mississippi, and, in another line, the regions "*West of the Gulf and of the Mississippi River.*" In fine, the entire regions on each side of the "Father of Waters," up to the Ohio Basin and the countries north of this latter, are spread before us by the author, who has thus collected and concentrated an amount of medical hydrography and topography of the great valley of the Mississippi, hitherto either unknown, or to most of us unattainable.

Next we are taken over the "*Eastern or St. Lawrence Basin*," including the regions of the lakes and of the river itself; and the first part is concluded by a sketch of the "*Hudson and Arctic Hydrographical Basins.*"

Part second is devoted to "*Climatic Etiology*," under its appropriate divisions. Part third furnishes us with "*Physiological and Social Etiology*," especially of the Caucassian portion of the Great Valley, in their physiological characteristics, diet and use of stimulating and narcotic substances; also in their clothing, lodging, bathing and habitations, and in their occupations, pursuits, exercise and recreations. The Hippocratic advice given at the beginning of this notice, has been fully followed out by Dr. Drake; and no physician can henceforward pretend to practice medicine in the great valley of North America, without having first possessed himself of the Systematic Treatise and studied carefully its contents, that so he may prepare himself for a suitable treatment of the diseases in his town or district, and for filling up from his own observation the great outlines furnished in this work.

Book second exhibits the application of all that preceded it to a review of the geographical and topographical; in fine, the climatic causes of Febrile Diseases; beginning with Autumnal Fever, being that which has the widest range, and attacks the greatest number of people. The divisions of this latter, described by Dr. Drake, are, first, Intermittent Fever, with its varieties of simple, inflammatory and maligant, and then Remittent Fever, considered as simple and malignant. The last two chapters are given to a consideration of the "*Pathological Anatomy and consequeuces of Autumnal Fever.*"

From the preceding outline our readers may acqui some idea of the abundance and variety of the topics exa ined in the present volume. Of their richness and intrins worth, they can only obtain accurate notions by reference t its pages. Even if more space were allotted to us than i possible within the assigned limits of this journal, we sho still fail to do justice to the multiplied and pains-taking re searches, statistical and other tabular estimates, as of t perature, barometrial changes and seasons, interspersed w judicious summaries and apposite statements of the mater facts, with which this volume abounds."

To give a review of the work that should do justice to it would carry us entirely beyond the limits prescribed this department in the present number. In fact, do not see how a review, short of occupying an entir ber of our Journal, could give anything like a satisfact view of the contents of the volume. We take leave o for the present, hoping to have space hereafter to devote t it; in the mean time assuring our readers that the b plan will be for each of them to procure and carefully it for themselves. E.

Part 3.—Abstracts.

ARTICLE I.

SPIRIT OF THE MEDICAL PRESS.

Practical Medicine.—In the May No. of the N. O. Medical and Surgical Journal is a judicious paper on the subject of Typhoid Fever, by Dr. J. C. Harris, of Wetumpka, Ala. He contends that the true Typhoid Fever, of authors, is very seldom seen by American practitioners of the South and West, and that the disease which has been erroneously so called, is nothing more than a continued Malarial Fever. His remarks are very pointed, and we extract his closing remark, as worthy the consideration of those attacked with the mania for getting their medical opinions from Europe.

"In now bringing to a close our remarks, and dismissing, for the present, the further consideration of the subject of Typhoid Fever, we venture the prediction, that had Dr. Bartlett, instead of visiting the hospitals on the eastern continent, and studying there the fevers of the Mississippi valley and the South generally, spent some time in observing and treating them in the malarious localities where they are engendered and prevail, the profession would, probably, never have been favored with his decidedly learned and entirely elegant treatise on Typhoid Fever; and it still remains, to some extent, we think, a matter of regret, that since this publication, so many Southern physicians, like an ancient philosopher on another occasion, with this talismanic book in one hand, and a lighted taper in the other, have gone forth at the *summer solstice*, at mid-day, under a burning sun, and amidst scorching sands and malarious hot-beds, in search of this, to them, until then, *great unknown*, and that, after many a weary pilgrimage, some, more fortunate than others, have returned crying (*Eureka*), I have found it. To all of these we tender our most profound acknowledgments and congratulations, with an assurance that we really, in viewing them in the light of discoverers, feel happy in the contemplation of the glorious felicity that awaits and surrounds them."

In the Boston Journal, for May 1st, is an interesting paper by Dr. Ware, on Croup. The author advocates a mode of treatment which he conceives to be more rational than the method heretofore pursued. He thinks emetics often prove injurious. His mode of treatment consists in the use of Calomel and Opium, and the local application of Nit of ver. We doubt whether there are many of our re will agree with Dr. Ware; believing that the adn of emetics is founded on sound views of the patholc disease. Dr. W.'s notices of the pathology of Crc . are very interesting. The principal point is embodied in following extract:

"Now when we examine the cases of recovery of memb nous Croup which actually take place, and compare th with the condition of the parts in those which are examin after death, we find very clear evidences of a tendency in the disease to go through a certain course of changes which will terminate in health. The false membrane is effused, and, at the same time, the mucous membrane is thickened and congested. After a time, a process of suppuration is established upon the surface of the mucous membrane, underneath false membrane, which of course separates the latter fr the former, so that it lies loosely upon it, whilst betwe them is a layer of pus. If the membrane thus thrown off thick and strong, it is expectorated in distinct pieces, times of a considerable size; if it be thin and less firm either converted partially into pus, or else is broke smaller shreds, and mixed with the pus so as not t distinguished from it, except by very careful examination, and thus it is all gradually thrown up. The diseased membrane does not free itself from the false membrane over its whole surface at once. Those portions from which the false membrane has separated are left in an inflamed and irritable state; the expectorated membrane and pus are often tinged with blood, probably from the fact that by the violent effort of coughing, some portions are torn off from the mucous surface before the purulent process has effected a complete separation. The cough, then, with more or less expectoration, and a hoarseness, in some cases amounting to an incapacity for speaking except in a whisper, continue for some time—th affection of the voice for several weeks. The parts are at length, however, perfectly restored."

In No. XIX. of Braithwaite's Retrospect is an interesting account, by Mr. Hannon, on the use of Manganese in Anemic, and other affections. Several cases are detailed, in which its use was beneficial.

["Several illustrative cases are given. The first mentioned is one of extreme chlorosis, in which the patient was sent into country air, and took iron for some time, without benefit. We are told that]

"The patient was then directed to take one of the following pills daily before dinner: Extract of Cinchona, Carbonate of Manganese, of each a drachm. Mix and divide into four grain pills. After she had used these pills for a fortnight, the cheeks and conjunctivæ regained their colour, and the swelling of the feet disappeared The following pills were then ordered: Sulphate of Manganese, Carbonate of Soda, of each a drachm; fresh charcoal and honey, of each a sufficient quantity to make a mass, to be divided into four-grain pills. A fortnight after the employment of this medicine, the bellows-sound had disappeared; the pulsations of the heart were strong and loud; and an energetic impulse was felt on applying the hand. There was no syncope, and the appetite had returned. The dose of the pills was increased; and a month after, menstruation occurred, and the patient became plump, and able to bear much exertion. She digested and slept well—in a word, was cured.

["Another case was that of a young lady affected with phthisis:]

"Iron, with opium was prescribed; but it increased the cough, and brought on obstinate constipation. Syrup of the Phosphate of Manganese was then given, with Cod-liver Oil; the latter being added rather to prevent the contact of air with the Manganese, than from any expectation of its producing good effects. The constipation ceased; and the cough became more bearable, and ceased in a fortnight. The patient then began to recover *embonpoint*. A month after the knuckles assumed a very remarkable brick-red color, which has continued up to the present time—a period of nearly a year and a-half. This patient took three *gros* (216 grains) of Phosphate of Manganese, in doses of three grains daily.

"Madame R. was affected with a cancer of the uterus. She complained of remittent pain in the hypogastric region, and suffered much while at stool. In the evening, she was troubled with severe lancinating pains, which often continued through the night. She was excessively weak, and of a pale yellow hue. She was troubled with palpitation, and a *bruit* was heard in the carotid. The feet frequently swelled. Syrup of the Iodide of Manganese was given with syrup of Horse-Radish, for several months. The pains did not leave her, but the anæmic appearance completely disappeared. To calm the pains, Opium, with extract of Hemlock, was prescribed; and the patient became apparently cured.

"Mademoiselle M., aged 14, of a scrofulous constitution, had glandular enlargements in the neck. ulceration of the transparent cornea of the left eye, and caries of the first phalangeal bone of the index finger of the right hand. Being the daughter of a peasant, she had lived exclusively on vegetable food; but was ordered to take meat and to drink beer. Syrup of the Iodide of Manganese was given in doses of a spoonful two or three times a-day. Under the influence of this, and her improved diet, she became less lean; soon after, the cornea regained its transparency, having been washed with a lotion containing gr. ss. of Nitrate of Silver, to an ounce of Distilled Water. The suppuration of the carious bone ceased, and the finger was cured.

M. G. B., aged 38, had been treated with mercury for some years, for constitutional Syphilis. The bones were sound; the skin was affected with all kinds of eruption; the tongue had long been the seat of an obstinate tumour; and there were Syphilitic Opthalmia and iritis. Fumigation and Iodide of Potassium were persevered in for several months, but without effect. Iodide of Manganese was then given, with syrup of Sarsaparilla; and in a month the patient was completely healed. He was directed to continue the use of the Magauese; and, as he has not since applied for relief, it is probable that he has had no relapse."

In the same Number is an account of the use of Coffee in Hooping-Cough. Should the remedy accomplish what is claimed for it, Dr. Guyot will prove to have made a great discovery.

"A child of four years old, under rigid dietetic treatment for measles, was seized with congestion of the lungs, against which energetic antiphlogistic treatment was put in force. When Dr. Guyot was called in, death seemed imminent from violent paroxysms of cough, which induced such alarming suffocation and syncope, as to cause the patient to appear to be actually dead. Some spoonfuls of strong beef-tea, with some spoonfuls of sweet and hot infusions of the lime-tree, were prescribed. The child passed the night without fainting. On the following day, the same infusions were continued, and in addition, there was given a little bit of grilled and finely minced mutton, with the view of restoring strength as rapidly as possible: but a severe fit of coughing came on, which, terminating in vomiting, caused ejection of the food; recourse was again had to the beef-tea, which provoked a similar fit of coughing, and was ejected. In these circumstances, with death apparently impending, a tea-spoonful of coffee was given after each tea-spoonful of beef-tea. Not only was the beef-tea retained, but, to my great surprise, the cough likewise ceased. Two hours afterwards, the child took, with relish, a little bit of hashed cutlet, followed by a a tea-spoonful of the coffee; the food was not ejected, digestion went on naturally, the night was passed in comfortable sleep, there was no more cough:—and in truth, the child was saved. On the following day, the treatment was continued, and there was a continuance of a like satisfactory state. On the third day, however, the relations omitted the coffee, when the cough returned after the first meal, with all the characterestic violence of well-formed Hooping-Cough; and this state continued during the day. On the fourth day, when the coffee was resumed, the cough disappeared. During forty-seven days the coffee was persisted in, when the cure was distinctly complete. The little patient was the only daughter of M. Haquin, a master boot-maker of Argenteuil.

"This case was furnishingsubject of serious reflection, when Dr. Guyot met, in a public conveyance, M. Bouja, ex-notary of Franconville. He told him that he had been obliged to have double doors for his study, to keep out the terible and incessant noise caused by his two children with Hooping-Cough.

"Dr. Guyot detailed the case above narrated, and he cured both his children in four days by means of coffee. He has since tried the remedy successfully in above sixty cases. The efficacy of coffee in Hooping-Cough seems to show that the seat of the disease is not in the bronchial tubes or larynx, nor in their vascular or nervous network, but exclusively in the digestive organs, and especially in the pharynx; which, again, probably depends on some special affection of the stomach."

TREATMENT OF REMITTENT FEVERS.

We observe that our friends of the eastern cities are beginning to believe the doctrines so generally taught, and to adopt the treatment so successfully practiced in the West and South, in Remittent Fevers.

At a late meeting of the Philadelphia County Medical Society, Dr. Isaac Parish, an able and distinguished practitioner of the city, remarked:—

"It is well known that, within a few years past, the practice of administering Quinine in the early stage of Malarial Fevers of the remittent type, has become quite prevalent in those sections of the United States where these fevers are most prevalent. The idea is now extensively entertained, that Remittent and Intermittent Fevers are essentially the same disease, and that the absence of intermissions in the former, should not prevent the administration of the remedy which is found so effectual in controlling the latter. Hence, the physicians who hold to this opinion, give Quinine in large doses, and with a view to its anti-periodic qualities, in the remissions of a Fever, for the purpose of preventing the exacerbrations, which are known to occur at particular intervals. They do not wait until all febrile action has passed away, or until a crisis has occurred in the natural course of the Fever, on the fifth, seventh, or ninth day, or even later, but they commence at the outset with this potent remedy, just as in the early stage of a remittent, after a free evacuation of the bowels by a mercurial cathartic, and when a distinct morning remission was observable, has had the effect of moderating the evening exacerbation, and by continuing it a few days, of bringing the Fever to a rapid and favorable crisis. I have seldom given over 15 or 20 grains in the remission, and in mild cases, have found even less than this to answer the purpose. Since adopting this plan I have they would do if no Fever were present, as in the intermission of an intermittent. In both cases, they would, perhaps, generally precede the Quinine by a brisk mercurial cathartic, and then attack it with Quinine, in the interval of the paroxysms, with a view to cutting short the disease.

The results of this practice, as reported to us by many highly respectable physicians of the West and South, whose experience has been ample, is, that remittent fevers which, under the plan of treatment formerly in vogue, were accustomed to run a protracted course, and to assume a serious aspect, are brought to a rapid termination, or converted, after two or three paroxysms, into the intermittent type, and easily cured. They say, that so far from the Quinine increasing the heat, thirst, and sensorial disturbances incident to a fever, that it allays these, calms the nervous system, and acts as a diaphoretic. Now, it is a point of great practical interest, to know how far these observations of our brethren in other sections, correspond with experience here; and my object in introducing the subject at this time is to ascertain this.

For myself, I can state that, in common with most of those who hear me, I was educated in the doctrine, that in remittents, we must be very cautious of bark or Quinine, while the least febrile excitement is present.

The idea entertained here, by the most eminent medical teachers, when I was a student, was, that in remittent, the febrile excitement must be reduced by the lancet and brisk purgation during the early stages, and that tonics were only to be given after the decline of the fever. Even my excellent father, who, as is well known by many here, was more favorable to the use of tonics and supporting treatment in Fever than most of his contemporaries, taught in his lectures, that bark and Quinine were not to be given until the cleaning of the tongue, or the occurrence of critical sweats, indicated the approach of convalescence; except in cases where malignant symptons were developed, or where unusual evidence of prostration existed,—and then the article was given more for its general tonic properties, than with any prospect of cutting short the fever.

Within the past few years, however, from the large amount of testimony to the value of Quinine in the early stages of remittent, which has reached us through the medical journals, I have been induced to pursue this course, and have reason to be well satisfied with it. I have found that Quinine, given not seen any cases of protracted remittent, running on for three or four weeks, and attended with tympanitis, subsultus tendinum, low delirium, hemorrhage from the bowels, &c. Whether this fortunate exemption is attributable to the mode of treatment adopted, or to a diminished liability in our Fevers of late years to assume this form, I cannot positively say; though I am inclined think that the old plan of delaying the use of tonics, may have contributed to the production of these prolonged cases.

If the practice recently introduced by the practitioners of the South and West, in the treatment of Malarial Fevers, be confirmed by experience, and established as sound, it must be admitted that a great step has been taken in practical medicine; diseases, once the dread of the inhabitants of large sections of our country, will be divested of much of their virulence, and be brought under the control of remedial measures, while on science will have achieved a grand triumph.—*Med. Examiner.*

Surgery.—An interesting case has occurred in the hands of Prof. Hamilton, of Buffalo. A woman lost a phalanx of her thumb, from necrosis. Prof. H. applied a roller, and had the satisfaction of seeing a new phalanx formed. This, though a frequent occurrence in the crustacea tribe, is certainly very rare in the human being. M.

Part 4.—Selections.

ARTICLE I.

Tubercular Exudation into the Lungs (Phthisis Pulmonalis)—Diseased Aortic Valves—Musical Heart-Sounds—Ulceration in the Lungs checked by Cod-Liver Oil.

J. H. Bennett, Prof. of Institutes of Medicine, Edinburgh, relates, in a clinical lecture, published in the Monthly Journal of Medical Science, Feb., 1850, the following interesting case: Patrick Barclay, æt. 15, admitted June 25th, 1849. His previous history indicated that he had been of scrofulous habit from infancy. He had attended school regularly until a week ago, but could not take much exercise on account of a sore leg, which originated twelve months previously, in a fall. His diet has, for a long time, been very poor. On the 18th, he was attacked with cough, and this has continued till admission. He also complains of dyspnœa, on exertion: On admission he is excessively emaciated. He complains of cough, which is sometimes very prolonged, but has no pain nor difficulty of breathing. The chest expands well on inspiration. Cough easily excited, and occasionally severe. Sputa viscid, frothy, and tinged with blood. On percussion, there is great dullness on the right side, especially under the clavicle; the left side is also dull to a slight extent. On auscultation, distinct bronchophony, loud friction râle, and mucous râle, approaching cavernous, are heard in the upper right side, in front; and these become more faint towards the lower part of the lung. On the left side, friction râles are also heard in the upper part in front. Behind, on the right side, vocal resonance, not so distinct, but râles the same as in front. Pulse 114, strong and sharp. The heart's apex beats below sixth rib; impulse increased, but percussion does not indicate lateral expansion. On auscultation, a chirping musical murmur is heard over the apex of the heart, at the end of the first sound. This murmur becomes much more faint towards the base. To the left of the manubrium of the sternum, a bellows murmur takes the place of the second sound. This murmur is quite concealed by loud friction râles, when respiration is going on, but is immediately perceived when the patient holds his breath. Tongue slightly furred: appetite good; some thirst. Bowels regular; urine natural. Sp gr 1020; not coagulable. The chest, face, and arms are covered with an eruption of purigo, which he has had several times. On the right thigh, towards the lower part, there are several cicatrices and three sinuses, which communicate with dead bone. Is much troubled with sweating, which at night is very profuse. To have good diet, with sweet milk, morning, and evening, and a dessert-spoonful of Cod-Liver Oil three times a-day. ℞. Mist. scillæ ℥iv; tinct. opii ammon. ℥ss; aquæ font. ℥ij. M. Half-an-ounce, three times a-day. 30th. Friction râle less. Gurgling râle, on right side. Upper part of chest to be rubbed with tartar emetic ointment. July 2d. Chirping murmur has become faint, and occasionally is inaudible. Has vomited his food several times. Napthæ ʒiss, to be added to mixture: to have beer for drink. 5th. Chirping murmur quite gone. 8th. Chirping murmur returned. Cough severe—causing vomiting. Eruption, brought out by ointment, painful. Omit the ointment, and mixture. ℞. Pulv. tragacath. co. ʒi; napthæ medic. ʒi; sol. mur. morph. iij; syrup aurantii ℥ss; mist. scillæ ʒv. M. A table-spoonful thrice a day. 31st. A seton was introduced beneath the right clavicle. Still vomits in the morning, but takes food and medicine better. August 6th. The expiratory murmurs under right clavicle are now quite dry. Vomiting is diminished. Omit the mixture. ℞. Ferri citrat ʒss.; tinct. aurantii et syrupi, ää ℥ss; infus. columbœ vi. M. A table-spoonful three times a-day. 12th. The seton discharges freely, causing great irritation, and is to be withdrawn Sept. 7th. Appearance of patient much improved. Sounds of cavity in chest continue dry. Takes now again a table-spoonful of the Oil three times a-day. Oct. 28th. Musical murmur has entirely disappeared. He is becoming quite fat, and is able to go about the ward all day. Complains only of slight cough at night, and palpitation on exertion. The right infracleviclar region is becoming flat. Omit the mixture, and also the Cod-Liver Oil. Nov. 18th. Cough has returned with slight mucous expectoration; and, on auscultation, mucous and sibilant rales are heard over the chest. Ordered to recommence the Oil. ℞. Mist scillœ ℥vss; vini ipecac. ʒij; sol. mur. morph., ʒi. M. A table-spoonful three times a-day.

From this time he rapidly improved. The cavity became perfectfully dry, and respiration over it was accompanied by blowing murmurs. Cough and expectoration greatly diminished. His general appearance is healthy, and he is very stout. On Jan. 18th, it is noted that, on percussion, a distinct sound is heard in the right infra-clavicular region, and faintly also on the left side. On auscultation, the heart's sounds are loud all over the chest, the second sound being accompanied with a distinct bellows murmur. Musical murmur has never returned. There are broncophony and prolonged expiration in the right infra-clavicular region, but no moist sounds. Sleeps well, and is very little troubled with cough. Does not sweat; is very fat; appetite good. This boy, as far as all general symptoms are concerned, may be regarded as having been in good health for the last two months.

This case offers a good instance of the advantages of Cod-Liver Oil. On admission, he presented the wasting characteristics of Phthis in its last stage. The emaciation was extreme. The cough and sweating most distressing; and the physical signs demonstrated a cavity as large as the fist, in the right lung. Under the use of the Oil, his strength rallied. After a time, it was given up, on account of his becoming so fat. Gurgling râles, and other signs of exudation, however, once more became apparent, and again disappeared when the use of the Oil was resumed. He has continued to take it ever since, and the cavity is evidently contracting. With the exception of very slight cough, and expectoration in the morning only, he may be considered as enjoying good general health. The sequel of this case will be given on a future occasion.—*Amer. Jour. Med. Science.*

National Medical Convention for Revising the Pharmacopœia of the United States.

The fourth decenial convention for revising the Pharmacopœia of the United States met at Washington on Monday, the 6th instant. The following delegates were present in the convention :—

From Rhode Island Medical Society, Dr. Joseph Mauran.

From Geneva Medical College, Dr. James Bryan.

From the College of Pharmacy of the city of New York, Messrs. John Milhau and George D. Coggeshall.

From the Medical Society of New Jersey, Drs. Lewis Condict and Wm. A. Newel.

From the College of Physicians of Philadelphia, Drs. Joseph Carson, Henry Bond, and Francis West.

From the University of Pennsylvania, Dr. George B. Wood and James B. Rogers.

From the Jefferson Medical College of Philadelphia, Dr. Franklin Bache.

From the Medical Faculty of the Pennsylvania College, Dr. H. S. Patterson.

From the Medico-Chirurgical College of Philadelphia, Dr. Clinton G. Stees.

From the Philadelphia College of Pharmacy, Messrs D. B. Smith, Charles Ellis, and Wm. Proctor, Jr.

From the Medical Society of Delaware, Drs. Isaac Jump and J. W. Thomson.

From the Medical and Chirurgical Faculty of Maryland, Drs. David Stewart and Joshua I. Cohen.

From the Medical Society of the District of Columbia, Drs. J. C. Hall and Harvey Lindsly.

From the National Medical College of the District of Columbia, Drs. Joshua Riley, Thomas Miller, and Edward Foreman.

From the Medical Department of the National Institute, D. C., Drs. Jas. Wynne and S. D. Gale.

From the Georgetown Medical College, Dr. F. Howard.

And from the Rush Medical College, Illinois, Dr. G. N. Fitch.

The credentials of delegates from the New Hampshire Medical Institution, the University of Buffalo, the Medical Department of Hampden Sidney College, the Medical Society of South Carolina, the Medical College of Ohio, the Cincinnati College of Pharmacy, the Missouri Medical Society, and the Medical Faculty of the University of Iowa, were presented by the Vice President of the Convention of 1840; but these delegates did not make their appearance during the session of the Convention.

A temporary organization was effected by calling Dr. Lewis Condict, President of the Convention of 1840, to the chair, and appointing Dr. Harvey Lindsly, Secretary. A committee of five was then appointed, consisting of Dr. Bache, Dr. Mauran, Dr. Thomson, Dr. Miller, and Mr. Coggshall to nominate permanent officers of the Convention, with instructions to name two Vice Presidents, instead of one, as had been the custom on former occasions. This committee retired, and after a short consultation reported the names of the following delegates, viz:—

For President, Dr. George B. Wood, of Pennsylvania.

For Vice-Presidents, Dr. Joseph Mauran, of Rhode Island, and Dr. D. Y. Simons, South Carolina.

For Secretary, Dr. Harvey Lindsly, of the District of Columbia: and for Assistant Secretary, Dr. Edward Foreman, of the same place.

The nominations were confirmed by the Convention, and the President took the chair.

On motion, it was

Resolved, That the Surgeon-General of the Army, the Chief of the Naval Bureau of Medicine and Surgery, and such of the members of the two Houses of Congress as might be medical graduates, should be invited to take seats in the Convention, and participate in its proceedings.

In conformity with the directions of the preceding Convention the Committee of Revision and Publication, appointed by that body, presented a report of their proceedings, which was accepted.

The delegates of the several medical bodies represented in the Convention were then called on for contributions towards the revision of the Pharmacepœia; when reports were handed in from the delegate of the Rhode Island Medical Society, from the College of Pharmacy of the city of New York, from the College of Physicians of Philadelphia, from the Philadelphia College of Pharmacy, and from the Medical and Chirurgical Faculty of Maryland. These were referred to a Committee, consisting of Dr. Bond, Dr. Mauran, Dr. Cohen, Dr. Miller, and Mr. Milhau, with directions to report a plan for the revision and publication of the Pharmacopœia; after which the Convention adjourned to the following day.

At the next meeting, on Tuesday morning, a committee was appointed to examine the accounts and vouchers presented by the Committee of Revision and Publication of the preceding Convention, and reported that they had found them correct.

Dr. Bond, from the committee to which had been referred the reports from various medical bodies represented in the Convention, reported the following resolution:—

1. That a Committee of Revision and Publication, consisting of nine members, be appointed, to which shall be referred all communications offered to the Convention in relation to the revision of the Pharmacopœia, and that three of this committee shall form a quorum.

2. That the committee shall meet in the city of Philadelphia, and be convened as soon as practicable, by the Chairman.

3. That said committee shall be authorized to publish the work of revision, and to take all other measures which may be necessary to carry out the views and intentions of the Convention.

4. That the committee shall have power to fill its own vacancies.

5. That, after the completion of its labors, the committee shall submit a report of its proceedings to the Secretary of this Convention, to be laid before the next Convention.

The resolutions were adopted, and the following delegates appointed on the committee, viz: Dr. Franklin Bache, Dr. Joseph Carson, and Wm. Proctor, Jr., of Philadelphia; Dr. Joseph Mauran, of Providence, Rhode Island; Mr. John Milhau, of the city of New York; Dr. J. W. Thomson, of Wilmington, Delaware; Dr. David Stewart, of Baltimore; Dr. Joshua Riley, of the District of Columbia; and Dr. G. N. Fitch, of Logansport, Indiana.

It was resolved that the President of the Convention be added to the above committee, and serve as its Chairman.

In reference to the manner of calling, and the mode of constituting the next decennial Convention, to meet in the year 1860, it was

Resolved, That the regulations in reference to the present Convention, adopted by that in the year 1840, and published in the last edition of Pharmacopœia, should be adopted, with the necessary modifications in relation to the dates; the day of meeting being changed from the first Monday to the first Wednesday in May.

A letter was read, inviting the members of the Convention to a dinner to be given at the National Hotel, by the medical gentlemen of Washington. The invitation was accepted, and the thanks of the Convention voted to the gentleman referred to for their hospitality.

The thanks of the Convention were also unanimously, voted to Dr. Lewis Condict, President of the last Convention, for valuable services; and to the Board of Aldermen of the city of Washington, for their courtesy in offering their hall for the sittings of this Convention.

The Convention then adjourned.

After the adjournment, Dr. Wm. B. Chapman, one of the delegates from the Cincinnati College of Pharmacy, arriving in Washington, stated to the Secretary his concurrence in the proceedings of the Convention.

HARVEY LINDSLY, M. D.,
Secretary of the Convention.

WASHINGTON, May 9th, 1850.

Radical Cure of Corns.—In the number of L'Abeille Medicale of the 15th April, M. B. Matton, proposes a mode of curing corns, without a resort to cutting instruments. He advises that the feet be soaked in water for a short time, and the most projecting part of the corn be taken off with a penknife, or with the fingers; a stick of Nitrate of Silver moistened at the free extremity is then to be pressed slightly over the whole surface of hardened cuticle, and even a little beyond on the sound skin. The part to which the caustic is applied, should then be well dried, and let alone for ten days. A very slight and hardly perceptible vestication takes place, which, however, is soon absorbed. At the end of eight or ten days, by making some slight tractions with the fingers, or a pair of dissecting forceps, from the circumference to the centre of the eschar, we may remove, without the slightest pain, the hardened epidermis, so completely as to leave no trace behind. M. Matton pledges himself that those who try his plan will be certainly and radically cured.—*Southern Med. Jour.*

New Adhesive Agent.—M. Mellez, in an article published in the Bulletin de Thèrapeutique, of March 30th, recommends very strongly an adhesive preparation made of Shell lac dissolved in alcohol by the use of a moderate heat. The relative quantities of the articles should be sufficient to give the preparation the consistence of jelly or something approaching to it. It should be kept in a broad-mouthen bottle, corked to prevent desiceation. When wanted for use, it is to be spread upon strips of cloth of suitable size and form. M. Mellez enumerates its merits, contraction during its evaporation; impermeability to air; absence of all irritant action on the wound or skin; intimate adherence to the skin; resistance to the action of water, greasy matters, or the secretions from the wound; and absence of any need of heat. In all these respects he asserts that it is superior to the collodion. It does not dry quite so quickly as the latter article, but it dries with sufficient rapidity to avoid any tax upon the patience of the surgeon. It does not require that the parts to which it is to be applied should be so thoroughly dried as does the collodion. It is also a much cheaper article. He asserts that from his observation he feels authorized to state that it is the most reliable and easy to manage of all the adhesive agents, that its agglutinative power resists the action of liquids and the moderate movements of patients, even when its application lasts for weeks; that in drying it approximates the edges of the wound submitted to its action; that the short time which elapses before the wound begins to cicatrize gives ground for a suspicion that it does something more than afford a mechanical protection; and that in the treatment of fractures, especially such as are complicated with wounds, it is in every respect preferable to dextrine.—*Ibid.*

Part 5.—Editorial.

ARTICLE I.

AMERICAN MEDICAL ASSOCIATION.

Having attended the late meeting of this annual convocation of representatives of the medical profession in the United States, at Cincinnati, although not as delegate from our readers, but of the "Chicago Medical Society," we notwithstanding feel an obligation resting upon us to give them a pretty full account of the doings of that important and distinguished body, supposing that it will be as interesting to them as anything we can lay before them at this time.

The Association met in the spacious hall of Cincinnati College, at 10½ o'clock, A. M., on the 7th of May, the President, Dr. J. C. Warren, of Boston, in the Chair, who opened the session by an address, after hearing a report of those members who had presented their credentials and registered their names, from the Committee of Arrangements. The number of delegates in attendance during the session was near three hundred.

Dr. Brainard, of Chicago, moved that members by invitation, be now proposed and received, that they may participate in the organization of the Association; upon which an animated discussion arose, and the matter was, on motion of Dr. White, of Buffalo, referred to a special committee.

On motion of Dr. Watson, of N. Y., the delegates from the several States represented were directed to select one of their number to act on a committee to nominate officers for the Association.

The committee thus chosen consisted of Drs. N. Sanborn, of N. H., E. Fowler, of R. I., W. Hooker, of Conn., C. Jewett, of Vt., E. Reynolds, of Mass., T. W. Blatchford, of N. Y., E. Fithian, of N. J., C. Morris, of Penna., J. Couper, of

Del., S. P. Smith, of Md., G. L. Corbin, of Va., W. A. Norwood, of N. C., H. R. Frost, of S. C., P. F. Eve, of Ga., W. B. Johnson, of Ala., B. Bowler, of La., N. F. Thomas, of Tenn., E. Q. Blackburn, of Ky., G. W. Boerstler, of O., A. B. Palmar, of Mich., H. G. Sexton, of Ind., J. Evans, of Ills., W. M. McPheters, of Mo., S. G. Armor, of Iowa, and J. Parker, of Wis., showing that twenty-five States were represented.

The members of the Committee of Arrangements appointed last year, and Dr. C. Caldwell, of Ky., were elected permanent members.

Afternoon Session.—The Committee on Publication submitted their report, with a series of resolutions making the assessment and the price of the "Transactions" the same as last year, and requiring copies of the reports of the committees to be handed to the Secretary immediately after being read, transcribed in a plain and legible hand, which were adopted.

The report of the committee on Higiene after being partly read, was referred to the Committee on Publication.

The Committee on Nominations reported as officers for the present year,

President.—R. D. Mussey, of Ohio.

Vice-Presidents.——

1st. J. B. Johnson, of Missouri.
2d. A. Lopez, of Alabama.
3d. Daniel Brainard, of Illinois.
4th. G. W. Norris, of Pennsylvania.

Secretaries.—A. Stillè of Pennsylvania, and H. W. De Saussure, of South Carolina.

Treasurer.—Isaac Hays, of Pennsylvania.

After some discussion and various motions, the report was adopted, and the nominees declared to be elected.

May 8th, 1850.

The following resolutions, offered by Dr. Bowditch, of Massachusetts, were unanimously adopted:—

Resolved, That the American Medical Association have learned with deep regret of the death of Prof. Harrison, their late Vice-President, and they hereby wish to express their high sense of the virtues, talents, and professional merit of their distinguished associate.

Resolved, That in dying, as he did, while engaged in ministering to the wants, and relieving the sufferings of his fellow-citizens, this Association recognizes in him, a noble example of professional self-sacrifice.

Resolved, That the warmest sympathies of this Association are hereby most respectfully tendered to the family of their honored and deceased associate.

On motion of Dr. Stille, it was

Resolved, That a properly authenticated copy of the resolutions be transmitted to the family of Dr. Harrison.

The newly elected officers were conducted to their stations by an appropriate committee, when the President, in a few brief and pertinent remarks, returned thanks for the honor conferred upon him.

The committee on members by invitation, reported, and the following resolution was adopted:—

Resolved, That all those gentlemen who have been nominated to the Association be admitted as members by invitation.

Dr. Hooker, of Conn., moved the following:—

Resolved, That the section in the Constitution relating to members by invitation be repealed; which lies over, according to rule, to the next meeting of the Association.

Dr. Blatchford, of New York, presented the report of the committee on education, which he requested might be read by the Secretary, as the chairman of the committee was absent. The Secretary read the report.

Dr. Blatchford offered the following preamble and resolutions, prefacing them with the remarks, that although a member of the committee, he had never seen the report until late on the preceding evening, and that he dissented altogether from the opinions it expressed.

Whereas, This Association has learnt through its several committees, appointed from year to year to examine into the state of medical education in our country, that many of the medical colleges, invested by law with the power of granting degrees, still continue a system of instruction which we cannot but regard as defective, both in the time allotted to the delivery of lectures, in the attention paid to practical anatomy, in the facilities afforded for clinical instruction, and in the low standard of the requirements for a degree; therefore,

Resolved, That this Association reiterates its former recommendations upon these points, and would urge upon the medical colleges to continue their efforts to elevate the standard of medical eduaation, by adopting such changes in their courses of instruction as shall satisfy the just and reasonable desires of the profession.

Resolved, That the thanks of the American Medical Association are due to the Faculties of the University of Pennsylvania and of the College of Physicians and Surgeons of New York, and all other institutions which may have conformed to our recommendations, for their prompt response to the recommendations of the Association for the improvement of medical education.

Dr. Roberts, also a member of the committee, dissented from the report, and said he had not seen it until the preceding evening.

Dr. Stille stated that the Colleges of Pharmacy of New York and Philadelphia were in active operation, as a correction to the report.

Dr. Parish, of Philadelphia, addressed the association in an able manner and at length, in opposition to the vews of the report.

After the offering and withdrawal of several motions, it was on motion of Dr. Stille

Resolved, That the report of the chairman of the committee on medical education be recommitted for correction as to matters of fact, and then handed to the committee of publication.

Resolved, That the resolutions of Dr. Blatchford be made the special order for the meeting of this afternoon.

The nominating committe were instructed to report committees and select a site for the next meeting of the Association.

Afternoon Session.—Dr. Johnson, Vice-President, in the chair. The consideration of Dr. Blatchford's resolutions being the order of the day.

Dr. Annan, of Ky., had in the forenoon observed that he had been a member of the first convention, and was there humiliated by the silence of the professors. The cry was "*pecavi*," "*Ora pro nobis.*" He would defend them from the ungrounded charges made. He now proceeded and said:—

The recommendations of the Association could not be carried out. The material did not exist. Young men with the requisite qualifications, and in numbers to supply the demand, could not be found who would enter the schools. We must take what we have or none. Even in the great cities this was the case. The gentlemen, members of the Association, even, who received these men into their offices, took their fees, and then sent them to the schools, were primarily to blame for their inadequate qualifications. Furthermore, he denied the vaunted superiority of graduates of those schools which had complied with the recommendations, over those of schools who had not. The reason why the western schools had not complied with the recommendations was, that they had not deemed them practicable, however reasonable they might seem. They deemed a course of lectures, of four months' duration, sufficient, if properly condensed. In the second place, students had not the means even for attending four months; and, as medicine was free, they would go where they should not exceed their means, or they would be driven to practise without the advantage of hearing a course of lectures. Unquestionably, practical anatomy *was* important; but this was pursued as far as the schools could furnish the means, which, in point of fact, considering the relative numbers of the classes, were greater in Kentucky than in Philadelphia. The clinical instruction of the Philadelphia schools, given to three or four hundred students, carried once a week to the hospitals in omnibusses, he regarded as insignificant and comparatively worthless. He wondered that the Philadelphia professors did not laugh at the figure they exhibited in their dispensary *exhibitions*.

Dr. Miller, of Louisville, moved to add to the first resolution the words, "and urges upon the lay members of the Association to *begin* the work of improvement, by their efforts to raise the qualifications of candidates for matriculation."

While he was disposed, experienced as he was, in good spirit to receive the homilies that were read to him, he could not, as the discussion had turned, refrain from asking, how the *practitioners* performed *their* duty. In point of fact, not one in fifty in the United States bestowed any adequate attention upon the business of instruction. The mass utterly neglected young men, merely placing books in their hands, indicating no order of reading or of study, and leaving them to pursue their own course. If this was not a *caricature*, with what face, then, could they spur on the professional corps? They (the Professors) wept over the inadequate preparation of young men to receive professional training. They could not *enforce* the recommendations of the Association. It was absurd for them to set up as school-masters. They were willing to do all in their power. Let the Associciation do *its* part. The duty was reciprocal.

Dr. Davis commenced by an allusion to Dr. Annan's complaints that the colleges had been unjustly accused, and instead of defending themselves had meekly cried, "Peccavi," &c. He reminded Dr. A. that if the colleges had been accused in any of the reports to this Association, it was certainly the fault of their Professors, for they had filled most of the offices and headed five-sixths of the standing committees ever since the organization of the Association; a fact, which in itself showed that the supposed war upon colleges was far more imaginary than real. The subject under discussion, however, was one of great interest, both to the profession and the community. He ridiculed the idea that four months was long enough to give or hear a satisfactory course of lectures on all the branches of medical science, as they should be taught at the present day. Let the absolute number of medical men be too great or too small, one thing is certain, that *too small* a number are properly educated and qualified to practice their profession. This Association had again and again recommended better preliminary education, longer periods of college instruction, and especially better practical or clinical advantages. And all this is right, but how shall it be accomplished? How shall a greater number of students be induced to study longer, and qualify themselves more thoroughly?

It is objected that the students cannot afford to study longer, and especially to attend a longer period of college instruction. It is true that very few of the wealthy are attracted either to the study or practice of medicine, and consequently that a large majority of medical students are much controlled in their choice of educational means, by pecuniary considerations. If it is desirable then, to induce the great majority of students to study longer, to avail themselves of true clinical or hospital instruction, and to qualify themselves in every sense to do honor to the profession and good to mankind, the present order of things in reference to colleges must be reversed; and those institutions which are so located as to possess all the requisite advantages for giving clinical as well mere oral instruction must so arrange their *fees* as to destroy the advantage now almost universally possessed by institutions so located as to be entirely destitute of even the semblance of an hospital within their reach. That pretended professional dignity which induces the only colleges so located as to have the required means of instruction within their reach, to charge such *ticket fees* as almost necessarily to exclude from their halls one-half of the whole number of medical students, must give place to a system of charges better adapted to the pecuniary condition of those seeking knowledge.

If it is objected that by cheapening medical education, we only induce a greater number to enter upon its study and thereby increase the already crowded state of the profession, we reply, in the first place, that so long as the laws of the States universally permit every man to practice medicine who wishes, whether he has ever seen the inside of a college or not, the objection has no force; and in the second place, that the number admitted into the profession should be limited by elevating the standard of requirements, instead of merely taxing the student's pockets. He said all present had one object in view, viz: the elevation of the profession and the extension of its usefulness; and he trusted that no mere local feelings or personal interests would ever sway our action. And most of all should he regret to see the Association show the least disposition to take a single step backward in the great work it had undertaken.

Dr. Baker, of Cincinnati, thought circulars, holding out special advantages of one school over another, should be condemned. The code of ethics should be extended to colleges as well as individuals.

Dr. Wright, of Cincinnati, thought it strange that there should be so much discussion on matters so plain—was in favor of lengthening the term in all medical schools except the Med. College of Ohio. After some fluent and pungent remarks, of a personal nature, introduced in very bad taste and to the great annoyance of the Association, he was called to order.

Dr. Rives, of Cincinnati, followed; but in endeavoring to answer the charges of Dr. Wright, against the Medical College of Ohio, was soon found out of order.

Dr. D. W. Yandall, of Ky., made a labored effort to impress upon the Association a full sense of the deficiencies of clincal instruction in the schools of the West. His effort, though in some respects creditable, was too strong in denunciation. It served as an offset to Prof. Annan's remarks against schools at the East.

Dr. McPheters, of Mo., defended the medical schools of St. Louis, in reference to clinical teaching.

May 9th.

The consideration of Dr. Blatchford's resolutions was resumed.

On motion of Dr. Drake, the speakers were restricted to ten minutes each, and no one allowed to speak more than twice on the same resolution.

After some confusion, the Association went into Committee of the Whole, Dr. Knight, of Connecticut, in the chair.

The forenoon was spent in the discussion. We are sorry our limits will not allow a full report of it.

Drs. Morris, of Phila., Miller, of Louisville, Storer, of Boston, Lawson and Drake, of Cincinnati, Mitchell, of Philadelphia, Gilman, of N. Y., Ware, of Boston, Kerfoot, of Pa., Powell and Raphael, of Ky., Little, of Pa., Stille, of Pa., and Annan, of Ky., took part in the debate, and many amendments and substitutes were offered.

After voting to strike out the names of particular colleges, the following, offered as a substitute for the whole matter before the committee, by Dr. Morris, was adopted:

Resolved, That the Association re-affirms its recommendations in regard to medical education, and urges that private instructors should receive into their offices, as students, only those qualified by previous instruction to pursue the study of medicine.

The committee then rose, and the Chairman reported accordingly. The report was accepted, and the whole matter was referred to the committee on medical education for the ensuing year.

Dr. Lopez, Vice-President, asked and obtained leave to read a protest on behalf of the profession of Alabama, against certain statements in regard to legal requirements, and unjust to the medical faculty of that State, made in the report on Medical Education, of 1849, which protest was accepted and referred to the Committee on Publication.

Afternoon Session.—Dr. Mitchell, Chairman, read a lengthy and well written report on Practical Medicine, principally devoted to the subjects of Cholera and Scarlatina. It was referred to the Committee on Publication, after a general expression that the acceptance of the report did not imply the adoption of the doctrines advanced by it.

The Committee on Nominations reported the Standing Committees for the ensuing year. We give the Chairman of each:—

On Medical Sciences, Dr. Bennett Dowler, of New Orleans, La.

On Practical Medicine, Dr. Austin Flint, Buffalo, N. Y.

On Surgery, Dr. Paul F. Eve, of Augusta, Georgia.

On Obstetrics, Dr. C. Humphreys Storer, of Boston, Mass.

On Medical Education, Dr. Worthington Hooker, of Norwich, Conn.

On Medical Literature, Dr. Thomas Reyburn, of St. Louis, Mo.

On Publication, Dr. Isaac Hays, of Philadelphia, Pa.

Committee of Arrangements, Dr. H. R. Frost, f Charleston, S. C.

The committee also recommended the city of Charleston, S. C., for the place of meeting, on the first Tuesday of May, 1851. The nominations were confirmed.

The Secretary read a letter addressed to Dr. Evans, from Dr. Prioleau, Chairman of the Committee of Obstetrics, who was unexpectedly prevented from attending the meeting, giving as a reason for not preparing a formal report, that there had come to his knowledge no important American improvement in that department of medicine during the year.

Dr. Evans, of Chicago, presented a paper on the "*Obstetrical Extractor*," invented by himself, and demonstrated upon the manakin, the mode of its application in practice.

The paper, with the letter from Dr. Prioleau, was referred to the appropriate committee, with discretionary power as to their publication.

Dr. Drake, Chairman of the Committee of Arrangements introduced a paper from Dr. N. S. Davis, of Chicago, upon the question, "Has the cerebellum any special connection with the sexual propensity, or function of generation?"

It was read by its author, and referred to the Committee on Publication.

An entertainment was given in the evening, at Masonic Hall, by the regular profession of Cincinnati. It was most sumptuous, and to the credit of the Committee of Arrangements, they did not furnish intoxicating drinks for beverage.

May 10th.

Dr. Johnson, Vice-President, in the Chair.

Dr. Parsons, Chairman of Committee on Medical Sciences, presented the report which was received and referred to the Committee on Publication.

Dr. Huston, Chairman, read the report of the Committee on Spurious and Adulterated Drugs, which was referred to the Committee on Publication.

Resolutions accompanying the report were adopted, and a committee of one from each State represented was appointed to collect information in reference to spurious and adulterated drugs, to report at the next meeting of the Association.

Dr. C. Caldwell was requested to prepare a paper showing how far he thinks phrenology and mesmerism are founded in truth—also how far vital or animal chemistry is entitled to the appellation of a science.

The Committee on Nominations reported committees on Indigenous Medical Botany, Dr. A. Clapp, of New Albany, Ia., Chairman, and on Hygiene, Dr. James Moultrie, of Charleston, South Carolina, Chairman, which report was confirmed.

On motion of Dr. Blatchford, a special committee on pharmacy and the adulteration of drugs was appointed by the President, Dr. T. O. Edwards, of Ohio, to be Chairman.

On motion of Dr. Morris, of Pa., it was

Resolved. That it is with great satisfaction the members of this Association have observed the establishment of drug stores, in which neither patent medicine, nostrums, nor other articles, by which the artful and designing impose on the ignorant and credulous, are exposed for sale; and that the Association recommends to its members to exert their influence in their respective spheres of action to encourage similar efforts in other places.

On motion of Dr. Phelps, of N. Y., the subject of clerical encouragement of quackery was referred to the Committee on Hygiene.

Dr. Hooker, of Connecticut, offered resolutions in reference secret modes of practice by physicians, condemning them, which were adopted.

Dr. Lawson offered a resolution condemning the advertisement of nostrums by Medical Journals—adopted.

Afternoon Session.—Dr. Miller, of Ky., moved a suspension of the rules, and offered the following which was adopted:

Whereas, clinical instruction in medicine and surgery is now generally acknowledged to be essential to the proper qualification of students for the practice of those branches of our profession, and whereas, it must be admitted that clinical instruction in midwifery would be equally valuable, therefore,

Resolved, That the Committee on Medical Education be instructed to inquire whether any practicable scheme can be devised to render instruction in midwifery more practical than it has hitherto been in the medical schools of the United States, and report at the next meeting of this Association.

Dr. Stille, Chairman, read the report on Medical Literature, which was accepted and referred to the Committee on Publication.

A series of resolutions accompanying it were considered *seriatim,* and adopted.

They recommend the patronage of medical periodicals; forming medical reading clubs; offering pecuniary rewards for the best memoirs; and that a committee be appointed to award a premium of $100, to be raised by voluntary contribution for " the best *experimental* essay on a subject connected either with physiology or medical chemistry.

Dr. F. G. Smith, of Philadelphia, is Chairman of said committee.

The Committee on International Copy-Right Law reported a memorial to Congress, which was ordered to be signed by the officers and forwarded.

On motion of Dr. Gross, of Ky., it was resolved that the Association recommend to colleges to adopt native productions as text-books for their pupils, and that the editing of English works by Americans be condemned.

On motion of Dr. Roberts, of Md., a committee of three on unfinished business was appointed. Dr. Roberts was appointed Chairman.

Dr. Drake, of Cincinnati, offered an amendment to the Constitutien, providing that candidates for membership, by invitation, be proposed in writing by five members, and that all permanenent members be allowed to vote.

Dr. McGuire, of Va, offered resolutions in reference to the medical staff of the army and navy of the United States, which were unanimously adopted.

On motion of Dr. Bowditch, of Boston, the committee on Medical Education were instructed to inquire if any means could be adopted to secure more thorough instruction in practical chemistry.

The Secretary presented the report of the Committee on Indigenous Medical Botany; a report on Vital Statististics of New Orleans, by Dr. J. C. Simmonds; Biographical Notices of Deceased Physicians, by Dr. Williams, of Mass., which were referred to the Committee on Publication, and a catalogue of Indigenous Medical Botany, by Dr. Bigelow, of Ohio, which was referred to the Committee on Medical Botany.

On motion of Dr. Flint, of N. Y., it was resolved that the MSS. work of the late lamented Dr. Forry be referred to the Committee on Publication, to be published if they deem advisable.

Dr. Gross, of Ky., moved the appointment of a committee to consider the propriety of the establishment of schools of veterinary medicine and surgery; adopted. Dr. Gross was appointed Chairman of said committee.

Dr. Kreider, of Ohio, presented a protest from the Fairfield Co. Medical Institute against the vending of spurious drugs; referred to the special committee on the subject.

Dr. Mead, of Ills., offered resolutions instructing the committee on Medical Education to enquire into the propriety of abolishing the rule that allows four years practice in lieu of one course of lectures, and of making college fees uniform, varying only between the North and South. Adopted.

After the passage of votes of thanks to the Committee of Arrangements and to the physicians of Cincinnati for the kindness and attention shown, and to the Trustees of Cincinnati College for the use of their spacious Hall, the Association adjourned *sine die.*

Many pleasant acquaintances are formed, and much harmony of feeling and action secured by these convocations, and we hope the year is far in the future that shall not record a meeting of the American Medical Association.

We are indebted to the Medical News and the Boston Medical and Surgical Journal for mnch of the material for making this abstract. It may be relied upon as being generally orrect. E.

ARTICLE II.

ILLINOIS STATE MEDICAL SOCIETY.

Agreeably to notice calling a State Convention for the purpose, physicians from different parts of the State met at Springfield, on the 4th of June, 1850, and organized a State Medical Society, by adopting a Constitution and a Code of Ethics on the model of those of the American Medical Association.

The officers elected for the ensuing year are as follows:—

President,—Dr. Wm. B. Herrick, of Chicago.

Vice-Presidents,—

Dr. Rodolphus Rouse, of Peoria.
Dr. A. G. Henry, of Springfield.

Secretaries,—

Dr. Edwin G. Meek, of Chicago.
Dr. S. A. Paddock, of Princeton.

Treasurer,—Dr. J. A. Halderman, of Carlinville.

The following are the Standing Committees:—

On Practical Medicine, Drs. Samuel Thompson, of Albion, A. G. Henry, of Springfield, and Daniel Stahl, of Quincy.

On Surgery, Drs. D. Brainard, of Chicago, J. A. Halderman, of Carlinville, and E. S. Cooper, of Peoria.

On Obstetrics, Drs. John Evans, of Chicago, R. Rouse, of Peoria, and M. Helm, of Springfield.

On Drugs and Medicines, Drs. J. V. Z. Blaney, of Chicago, E. R. Roe, of Jacksonville, and B. K. Hart, of Alton.

On Publication, Drs. E. G. Meek and S. A. Paddock, Secretaries, and J. A. Haldeman, Treasurer, *ex-officio*.

Committee of Arrangements, Drs. McNeil, Arnold, and Cooper, of Peoria, the place appointed for the next meeting of the Society.

Drs. Boal, of Lacon, A. E. Ames, of Roscoe, and McNeil, of Peoria, were appointed a committee to draft a memorial to the State Legislature, asking a law providing for the registration of Births, Deaths, and Marriages, and to circulate it among the people for signature, to be presented at the next session.

A resolution was passed, directing members to discountenance the sale of secret and patent nostrums, on the part of druggists, and to patronize, as far as practicable, those only who abstain from it.

The organization of local medical societies was recommended, and they invited to send delegates to the meetings of the State Society.

The Committee on Practical Medicine were requested to procure the keeping of meteorological records in as many places throughout the State as circumstances will admit.

Dr. E. R. Roe, of Jacksonville, was appointed to deliver a public address at the next meeting of the Society, with Dr. Davis, of Chicago, as alternate.

With much harmony of feeling, and strong confidence in the success of the Society, it adjourned to meet in Peoria on the first Tuesday in June next.

We are sorry our limits will not allow a fuller abstract of its proceedings. E.

ARTICLE III.

Surgical Anatomy.—By JOSEPH MACLISE, Surgeon. With Colored Plates. Philadelphia: Lea & Blanchard. Imperial Quarto. (From the Publishers, through S. C. Griggs & Co.)

We have received part first of this large and handsome work. This part contains sixteen large colored plates, and forty pages of descriptive letter-press. The plates, although not of the highest style of art, are accurate and truthful; and there is but one word in the English language descriptive of the letter-press—faultless. "The object of this work is to present to the student of medicine and the practitioner removed from the schools, a series of dissections demonstrative of the relative anatomy of the principal regions of the human body." The work will be issued in four parts; price of the whole, eight dollars. We understand part II. is now ready for delivery. For the quality, it is the cheapest work we have seen, and will constitute a valuable contribution to the surgeon's library. M.

ARTICLE IV.

CONCOUR FOR DEMONSTRATOR OF ANATOMY IN RUSH MEDICAL COLLEGE.

The concour for the place of Demonstrator of Anatomy in Rush Medical College, came off on the 17th and 18th of June last. Only two competitors came forward, out of a number who had given the required notice. They were Dr. J. W. Freer, of Wheeling, and Dr. E. S. Cooper, of Peoria, Illinois.

The trial was highly creditable to both, and resulted in the appointment of Dr. Freer.

The preparations presented by Dr. Freer, for the inspection of the Faculty, all of which have been made by him since the announcement of the concour, last winter, were very numerous, and would compare favorably with those from the hand of any other anatomist in any country.

This first trial of the concour system on this side of the Atlantic, has satisfied all concerned of its superiority over any other plan for selecting teachers; and although there may be circumstances where it would be inexpedient, for want of time or other necessary condition, still we feel confident that its general adoption will be found of the utmost utility, both to institutions and the profession at large. E.

ARTICLE V.

MEDICAL SOCIETY OF LOGAN, MASON, AND MENARD COUNTIES, ILLINOIS.

We have received a copy of the proceedings of the Convention that organized a Society by the above name, held on he 11th of February last.

Dr. James Smick was elected President, Dr. James P. Walker, Vice-President, Dr. Chamberlain, Secretary, and Dr. Patterson, Treasurer.

The first annual meeting was to have been held on the second Wednesday of May last, at Middletown. Although from inadvertance and irregularity of the mail, this notice is late in making its appearance, we wish our friends abundant success. E.

ARTICLE VI.

MISCELLANEOUS MEDICAL INTELLIGENCE.

Rush Medical College.—The circular for the next course of lectures in this Institution, and the catologue of last session will be published in about two weeks.

The chair of Practice of Medicine in the University of Pennsylvania, made vacant by the resignation of Prof. Chapman has been filled by the transfer of Dr. George B. Wood to it.

The committee of the American Medical Association, appointed under Dr. Stille's resolution to offer a prize of $100 for the best experimental essay on a subject connected with physiology or medical chemisty, have announced that they will be ready to receive competing memoirs until the first day of March next, directed to Dr. F. G. Smith, Philadelphia.

The Supreme bench of Massachusetts have decided against the application for a new trial in the case of Prof. Webster.

ARTICLE VII.

OBITUARY.

Died, at his residence in Burlington, Iowa, April 26, 1850, of Pleuro-Pneumonia, LUTHER W. HICKOK, M. D., in the 38th year of his age.

Dr. Hickok was a native of East Bloomfield, N. Y. He added to professional acquirements of a high order, social qualities of an attractive kind; and his death will be mourned by his medical brethren as well as by his friends and former patients.

—On Saturday evening, 26th of May last, Dr. AMOS TWITCHELL, of Keene, N. H., in the 60th year of his age. He enjoyed a high reputation as a skilful practitioner.

—On the 9th of May last, M. GAY LUSSAC, the distinguished French chemist.

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Part 1.—Original Communications.

CHAPTER II.—Continued.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1850.—By N. S. Davis, M. D., Prof. of Physiology and Pathology in Rush Medical College.

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The period of study was extended to four years, with a deduction of one year in favor of those who had graduated at some literary College. Each candidate was also required to furnish the examining officers with a certificate of the time he had studied, verified by the oath of his preceptor; and his license was to be filed in the Clerk's Office of the County where he commenced practice.

Those who had received the Degree of Bachelor or Doctor of Medicine from a Medical College, were permitted to practice on filing a copy of their Diploma in the County Clerk's Office, without any further examination. The great defect in this law, consisted in the fact, that the certificate, setting forth the time of study &c., and verified by the oath of the preceptor, became the only test of qualifications for practice; it being only necessary to exhibit this to the proper officer, and file it in the office of the County Clerk. It, however, remained with but slight amendment until 1806, and its provisions embraced the whole State.

The Medical Society which had existed in New Jersey since 1766, was regularly incorporated by the Legislature of that State, in 1790, under the name of the "Medical Society of the State of New Jersey." The act of incorporation conferred the power to appoint Censors for the purpose of examing and licensing candidates for permission to practice in that State; also to establish district or county societies, whose delegates were to constitute the Parent or State Society. The term of study required, and all the regulations adopted, were very similar to those prescribed by the law of 1797, in New-York. The Medical Society of South Carolina was incorporated in 1794, but no provision for examining and licensing candidates for admission into the profession, was made til 1817.

In 1799, the "Medical and Chirurgical Faculty of the State of Maryland" was incorporated, with power to elect "by ballot, twelve persons of the greatest medical and chirurgical abilities in the State, who shall be styled the Medical Board of Examiners for the State of Maryland." It was the duty of this Board, "to grant licenses to such medical and chirurgical gentlemen, as they, either upon a full examination, or upon the production of Diplomas from some respectable college, may judge adequate to commence the practice of the medical and chirurgical arts."

Under a supplementary act passed in 1801, the board of examiners required all graduates of medical colleges, as well as others, to apply for and obtain a license before being authorized to practice. The penalty for practicing in violation of the foregoing provisions, was fifty dollars for each offence, to be recovered in the County Court where the offender may reside; and the Judges of those courts were directed to give the several acts relating to medicine and surgery, annually, in charge to their respective Grand Juries.* Every person licensed by the examining board, was, by virtue of such license, constituted a member of the State Society. It is thus seen that Maryland was, not only, among the earliest to enact laws to protect her citizens against the inroads of ignorance and empiricism, but also that her laws relating to this subject, were at once simple and effectual. By the foregoing, it will be seen that six of the original thirteen States had recognized their right and duty to legislate on the subject of medical education and practice during the first twenty years after the Revolutionary war.

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*See Act of Incorporation, Supplementary Acts. &c., 18

Concerning the general condition of the profession at this time, we have the testimony of some of its most distinguished members, as well as other authority of a reliable character. In the peamble to the law passed by the Legislature of New York, in 1792, it is stated that "many ignorant and unskillful persons presume to practice physic and surgery within the and county of New York, to the great detriment and hazard of the lives and limbs of the citizens thereof," &c. And the venerable Dr. John Stearns, in speaking of this period, says: "those who witnessed the original and progressive settlement of the northern and western sections of this (New York) State, since the year 1791, will recognize the mania that infatuated the emigrants from the east, and the ambitious projects formed by those who assumed the title of Doctor. Many who had never read a volume in medicine, were suddenly introduced to an extensive practice, and to a reputation of such imposing authority as to control the opinions of their superiors in science, and to prescribe rules of practice for their government. Consultations were generally distinguished for gross controversies at the *bed*-side of the patient, whose health and life were often immolated to the ignorance, prejudices, or discordant theories of the contending physicians. Their skill was generally graduated by their ability to magnify the cures they had made."* Again the same writer, in an Anniversary Address read to the Medical Society of the State of New-York, in 1818, says: "Science was almost exclusively limited to our popucities. With a few honorable exceptions in each county, practitioners were ignorant, degraded, and contemptible. Without any system of principles, their practice was desultory and empirical." Although the foregoing extracts were written solely in reference to the profession in the State of New York, yet they will apply with sufficient correctness to all parts of the Union.* As we have seen, only three or four States had attempted to place any positive restrictions on irregular or empirical practice; and not more than 300 students were annually found in attendance on the three or four Medical Colleges that were in active operation during this period. And the whole number of graduates did not average 15 annually. Still this was an important era in the history of erican Medicine. It was the period of emanicipation, if we may so speak, from obedience to European theories and dependence on European institutions. It was the forming period of a most difficult profession, in a new and widely extended country, and while the great mass were neither learned in science nor skilled in practice, there was to be found in every State a few who had attained prominence in both.

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*See United States Medical and Surgical Journal, No. 16, page 122.

The names of John Warren, Benj. Waterhouse, Richard Bayley, Samuel Bard, Edward Miller, Samuel L. Mitchell, Wright Post, Nicholas Romayne, Peter Middleton, John ones, Benj. Rush, Benj. S. Barton, William Shippen, W. P Dewees, John Mitchell, Lionel Chalmers, J. Moultrie, and several others, will ever constitute a bright galaxy on the pages of American medical history. Many of these were not only learned, but they were characterized by a bold free spirit of inquiry, which soon broke through the theoretical dogmas of that day, snd did more by their writings to overthrow the absurdities of the Bœrhaavian school, than any equal number of their contemporaries on the other side of the Atlantic. In regard to the medical theories or opinions that prevailed at the period which closes this chapter, we are told by Dr. Rush that "the system of Bœrhaave long ago ceased to regulate the practice of Physic. It was succeeded by the system of Cullen. In the year 1790, Dr. Brown's system of medicine was introduced and taught by Dr. Gibbon. It captivated a few young men for a while, but it soon fell into disrepute." In the year 1790, Dr. Rush promulgated some principles which he regarded as the foundation of a new system in medicine, of which the following is a summary in his own language. "This system rejects the nosological arrangement of diseases, and admits only of a single disease, consisting in different forms of morbid excitement, induced by irritants acting upon previous debility. It rejects, further, an undue reliance upon the powers of nature, and teaches, instantly to wrest the cure of all violent and feeble diseases out of her hands; and lastly it rejects prescriptions for the names of diseases; and by directing their applicatic wholly to their forming and fluctuating states, derives from a few active medicines all the advantages which have been in vain expected from the numerous articles which compose Ei ropean treatises upon the materia medica." But notwithstanding the plausability of the doctrines promulgated by Dr. Rush, the system of Cullen still held sway in the minds of the majority of practitioners throughout the country. He, however, struck an effectual blow against those cumbersome and arbitrary nosological arrangements which had so long served to mislead and obscure rather than enlighten the professional mind. These doctrines were also chiefly instrumental in causing the general adoption, in this country, of a much more active and depletory, or antiphlogistic, system of treating diseases than had previously prevailed—a system of treatment, indeed, which still retains the confidence of a large rtion of the profession. It is true that his opinions and recommendations in regard to blood-letting, were sometimes extravagant, and on that account, have more recently met with severe censure from the most eminent members of the profession.* But before we indulge in a too sweeping condemnation, and attribute to Dr. Rush the origin of all the evils which have resulted from a too prodigal indulgence in the use of the lancet, we should first inquire into the particular character of the diseases prevalent in the community during the period of his own observations; second, whether that character has since undergone any change; and third, whether the evils alluded to were owing to his erroneous doc-ines, or to the application of them, unchanged, by his successors, to diseases essentially modified in their character. If we call to mind the habits of the people of Philadelphia just previous to the Revolutionary war, as already briefly detailed in the preceding chapter, and remember that upon such habits supervened the strong and universal political and warlike excitement of the Revolution itself, accompanied by far reater abstemiousness and physical hardihood, we shall not ail to see a combination of causes well calculated to give a highly stenic or inflammatory character to all such diseases as ould prevail at that period. Neither did the influence of ese causes cease for several years after the close of the war. But we are not left simply to inferences in regard to the nature of the diseases of that period. Dr. Rush says, in speaking of the diseases of Philadelphia: "Fevers have assumed several new forms since the year 1766. The mild Billious Fever has gradually extended itself over the whole city.— * * * In the years 1791 and 1792, it assumed an inflammatory appearance, and was accompanied, in many cases, with hepatic affections. It appeared in 1793 as an epidemic, in the form of what is called Yellow Fever, in which form it has appeared,in sporadic cases,or as an epidemic, nearly every year since. During the reign pf this high grade of Billious Fever, mild Intermittents and Remittents, and the chronic or nervous forms of the summer and autumnel Fever, have nearly disappeared. Inflammations and obstructions of the liver have been more frequent than in former years, and even the Pneumonias, Catarrhs, Intercurrent, and other Fevers of the Winter and Spring months, have all partaken more or less of the inflammatory and malignant nature of the Yellow Fever." Whoever will compare the most accurate accounts which are left on record, of the diseases that prevailed between 1780 and 1806, with the phenomena of diseases prevalent in the same cities at the present time, will certainly find little difficulty in recognizing a marked difference in their character. How much similarity is there between the slow nervous or typhoid Fevers which occur in all our large cities, or the more fully formed Typhus of the emigrants and poorer classes, and the Congestive, Inflammatory, and rapidly progressing Fevers of the period embraced in this chapter of our history? And what right have we to judge of the propriety of active depletion in the latter, by our knowledge of its effects in the former? No more, certainly, to use an apt comparison of Rush, than we have to consult the almanacks of 1803 for the monthly phases of the moon of the present year. The character of diseases, however, not only varies at different periods of time, but in different localities, also.

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*The following preamble to a law passed in 1736, will show something in regard to the state of medicine in Virginia.

"Whereas, the practice of physic in this colony, is most commonly taken up and followed by surgeons, apothecaries, or such as have only served apprenticeships to those trades, who often prove very unskilful in the art of a physician," &c.—[See Herring's Statutes of Virginia, Vol.

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* Beck on Bloodletting, in the Young Subject.

Thus, I have been intimately acquainted with the practice of a physician, who, during a ten year's residence and extensive practice in a rugged agricultural district, was uniformly in the habit of using the lancet freely in the first stage of all febrile and inflammatory attacks occurring in his district, where the patient had been previously in good health, and with the most decided and uniform success. But does any one imagine that the same results would follow the application of this practice among the delicate and fashionable classes on the one hand, or the ill-fated and uncared for poor on the other, which together make up so large a share of the population of all our large cities? The truth is that professional men are too apt, though perhaps unconsciously, to think and speak of disease as a positive *entity*—as a something with well defined and uniform characteristics. And hence they are continually prone to condemn their predecessors for using in a given disease whatever their own experience shows to be inapplicable to the disease, called by the same name, as it occurs in their day. A full recognition of the fact that disease is only a morbid condition of previously healthy functions or structures, would show every thinking mind, that the special tone or character of any disease must depend entirely on the tone or character of the previous standard of health and the quality of the exciting causes. Every intelligent physician fully recognizes this principle in its application to different cases of the same disease occurring in his own practice, but often forgets it when comparing his practice with that of his predecessors, or even with that of his cotemporaries of a distant, and, perhaps, essentially different locality. Hence he is apt to condemn others for what is really his own fault, viz: an attempt to apply the practice of another to a disease, merely because it is called by the same name, without reference to the question whether it prevails in a similar locality, among people of the same habits, and arising from causes of the same quality and grade of intensity. If we feel the force of these thoughts, while we remember that Dr. Rush came upon the stage of action at a period when the professional mind had scarcely yet divested itself of the humoral and expectant notions of treatment inculcated by the Bœrhaavian school, and that he lived in the midst of opposition, we shall feel much more disposed to excuse than censure his seeming extravagancies, and to inquire seriously whether we have as rigidly examined the diseases of our day as he did those of his.

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warmly seconded by Drs. Griffitts, Dewees, Physick, &c., while they were strenuously opposed by many others. In 1806, Dr. W. P. Dewees published his elaborate and interesting Inaugural Thesis, "on the means of moderating or relieving pain during the process of Parturition." In this paper, he maintained the doctrine that "*pain* was an accidental or morbid sympton of labor—the result of artificial modes of living and treatment." The remedy which he proposed and successfully practiced through a long series of years, was copious blood-letting. The same doctrines and practices had been ably defended by Dr. Peter Miller, in an inaugural thesis, published in Philadelphia, in 1804; but Miller had himself attended the private lectures of Dr. Dewees, and doubtless derived from him the views set forth in his essay. The views of Dr. Dewees on this subject met the cordial approbation of both Rush and Shippen; the latter of whom is said to have declared that the Thesis of 1806 "marked an *era* in the history of medicine." It is true, that bleeding during parturition had long been practiced in different countries of Europe, and even by the midwives of Genoa; but its advocacy for the *purposes* mentioned in the paper of Dewees, and to the copious extent practiced by him and his followers, was new, and therefore, strictly American in its origin. The reader will not fail to notice, that the doctrine here advocated in reference to the nature of the *pains* of labor, is directly the opposite of that inculcated by a distinguished professor and author in the same city, now occupying the front rank among the obstetricians of the present age.—Neither will he fail to notice that Dewees practiced copious bleeding for the same purpose, and, in many instances, enforced its necessity with the same arguments that are now used by Simpson and others in favor of anesthetic agents.

The following paragraph from Rush's celebrated defence of blood-leting is worthy of notice as showing that the very idea, the practical accomplishment of which constitutes one of the prominent glories of medicine in our day, was fully present in the minds of such men as Rush and Dewees.

"I have expressed a hope in another place,"[*] says Dr. Rush, "that a medicine would be discovered that should suspend sensibility altogether, and leave irritability or the powers of motion, unimpaired, and thereby destroy labor pains altogether. I was encouraged to cherish this hope, by having known delivery to take place, in one instance, during a paroxysm of Epilepsy, and having heard of another, during a fit of drunkenness, in a woman attended by Dr. Church, in both of which there was neither consciousness, nor recollection of pain." Here the drunken woman, doubtless, presented as fair a case of anæsthesia as though she had inhaled ether or chloroform. Dr. Rush even goes further than Dewees, and represents the uterus as in a diseased state during the period of pregnancy and parturition. He says: "In *pregnancy*, the uterus is always affected with that grade of of morbid action which I formerly *called inflammation*. This is evident from its exhibiting all its usual phenomena in other parts of the body." Again, he says:—

"*Parturition* is a higher grade of disease than that which takes place in pregnancy. It consists of convulsive or chronic spasms in the uterus, supervening its inflammation, and is accompanied with chills, heat, a quick, full, tense, or a frequent and depressed pulse, and great pain."[1] And after alluding to one of the most important points discussed in the well known correspondence between Professors Meigs and Simpson, relative to the propriety of obviating the pains of labor by the use of anæsthetic agents, he adds: "I was induced to believe that pain does not accompany child-bearing an immutable decree of Heaven." Hence, he fully ac-s with Dr. Dewees in recommending free and even copious d-letting to relieve the pains of pregnancy and parturition ess it should be contra-indicated by previous inanition nces of languor and enfeebled circulation.

[1] Repository, Vol. VI.

Perhaps no one thing has served to render the period now under consideration more conspicuous, than the warm and interesting controversy which was maintained in reference to *contagion*, especially as applied to the origin and spread of Yellow Fever. The repeated visitations of this disease even as far north as New York and Philadelphia, during the last part of the eighteenth and the first few years of the nineteeth centu y, caused it to be a subject of absorbing interest. And as it was always confined to commercial towns and cities located near the sea, or the islands in the Indies, it was very natural that the earliest observers should attribute it to importation, and regard it, therefore, as a highly contagious disease. The correctness of this view was soon called in question, however; and though supported by such men as Lining, of South-Carolina, Mitchell, of Virginia, and Hosack, of New York, yet it rapidly lost its hold on the professional mind of this country, under the most searching and able opposition of Dr. Rush and a few others. And few questions are considered better settled at the present day than that Yellow Fever is not contagious. Those who desire to examine this interesting subject with care, will do well to consult the early volumes of the New York Medical Repository, the two medical journals then published in Philadelphia, and also the Medical Inquiries and and observations of Dr. Rush. Before closing this chapter, we must allude to two important historical mistakes made by eminent medical men abroad. The first is by Dr. John Armstrong, who attributes to Dr. Robert Hamilton the merit of first introducing the use of Mercury as a remedy in inflammatory diseases. The latter gentleman, in his own account of the remedy, says his attention was first called to it by a medical officer of the army, in 1764.—Whereas, we have seen in the preceding chapter, what Dr. J. B. Beck has so fully presented in his little volume on Infant Therapeutics, that Mercury in the form of Calomel was used in a malignant epidemic sore throat by Dr. Douglass, of

Boston, as early as 1736. It was still more extensively used and recommended by Dr. James Ogden, of Long Island, in 1749; and it was very successfully introduced into the practice of the profession in Philadelphia about the same time by Dr. Thomas Bond. And Dr. Rush says, in speaking of the period which intervened between 1760–66, "Mercury was in *general* use in the years that have been mentioned." We thus see that the practice of which Dr. Armstrong speaks, was already in general use in the American colonies even prior to the time it was first suggested to Dr. Hamilton. The second mistake to which we allude is that of Dr. Stokes, in his valuable treatise on diseases of the chest, where he gives Dr. Cheyne the credit of having first introduced the practice of giving Tartar-Emetic in the Cynanche Trachialis or croup. The first publication on the subject, by Dr. Cheyne, was in 1801. But Dr. Richard Bayley, of New York, had accurately pointed out the great value of this remedy in the same disease, in a letter to Dr. Wm. Hunter, published in New-York city in 1781—just twenty years previous to the publication of Dr. Cheyne. Dr. Bayly is, not only, fully entitled to the credit given by Dr. Stokes to Dr. Cheyne, but it is to him that the profession are also indebted for having first pointed out the true inflammatory nature of the disease here referrred to.* It was also during the last part of the eighteenth century that Dr. Thomas Cadwallader, of Phila., first introduced the practice of treating the "dry gripes," or Colica Pictonum and Bilious Colic with *anodynes* until the pains and spasms were allayed, and then moving the bowels only by gentle laxatives. The almost universal custom had been to give the most active and drastic purgatives, which often served only to increase the muscular contraction of the intestines instead of relieving the patient. The treatment practiced by Dr. Cadwallader, was afterwards adopted and highly recommended by Dr. Warren, of London.

medical writings of this period seem to have

fined almost wholly to the pages of the three medical journals which had been established in New York and Philadelphia, and to here and there a pamphlet or a paper read before some organized society. Indeed, I have not been able to find a single volume on any branch of medical science or practice, published by an American physician during the first twenty years after the close of the Revolutionary war.

And yet, as we have already seen, it was a period in our history, which was graced with some of the noblest and most active minds ever devoted to the cultivation of medical science. But the art of *mere book-making*, which has been brought to such perfection in this our day, was little known to our professional ancestors.

CHAPTER III.

HISTORY OF THE PROGRESS OF MEDICAL EDUCATION FROM 1806 TO 1850.

To those who limit the means of education to the preceptor's office and the college halls, and the period of its acquirement to the season of pupillage (and there are unfortunately many such), much of the matter contained in this work may appear irrelevant or superfluous. But it is unnecessary for us to state that we attach to the word a far more liberal and comprehensive meaning. Whatever increases the enterprize, stimulates the spirit of philosophical investigation, or adds an item to the stock of knowledge possessed by the profession, or whatever elevates it in the great scale of social being, is as truly a part of its education as is the study of its text-books, and the frequenting of its schools. The latter may indeed constitute the foundation, but many other things are required to complete the superstructure of a fair medical education. And among those other things, none are of greater importance than well organized Associations, admitting of frequent communications and free interchange of thought among their members. Such Associations not only elicit observations, stimulate investigations, and save from oblivion numberless facts, but they counteract the selfish feelings of individuality—they diffuse knowledge—they elevate the social feelings—and they embody and generalise facts that otherwise would remain isolated and useless. In this respect, the commencement of the period embraced in this chapter, forms an important era in the history of the medical professton in this country. For though several medical societies had been duly incorporated, and some of them continued in active operation for a quarter of a century, yet they were almost wholly confined in their influence to a few of the larger cities. Hence, as intimated near the close of the last chapter, the great mass of the profession were alike unsocial and ungoverned by ethical laws, and consequently without harmony of action or true dignity of professional character. This condition of things was fully appreciated by a few enlightened members of the profession in Saratoga County, New York, so early as 1796, during which year several articles on the subject of a local medical Association appeared in the newspapers of that county. These articles we believe were from the pen of Dr. John Stearns, then residing in that section of the State. So much attention was awakened that a County Society was soon after formed, containing twenty-one members; but so discordant were their feelings and modes of thought, that the same year saw both its organization and dissolution. This failure, however, by no means deterred the enlightened advocates of medical organization from further efforts. In Nov., 1805, another meeting of the physicians of Saratoga county was held, and a resolution adopted, inviting their medical brethren in Washington and Montgomery counties to join them in the formation of a Society to be incorated by the State Legislature. The committee appointed to carry the resolution into effect, consisted of Drs John Stearns, Wm. Patrick, and Grant Powell. The mittee issued a circular to the physicians of Washington and Montgomery, in response to which they sent delegates to the adjourned meeting at Ballston, on the 16th of January, 1806. A memorial to the Legislature, asking for an act of incorporation, was reported at this meeting, adopted, and a committee appointed to carry it into effect. This committee consisted of Dr. John Stearns, of Saratoga, Dr. Alex. Sheldon, of Montgomery, and Dr. Asa Fitch, of Washington. Fortunately the two first members of the committee had been also elected members of the popular branch of the Legislature, and one of them, Dr. Shelden was elected Speaker of the House.

It will be observed that the memorial contemplated nothing more than the passage of a law in reference to the three counties named, but the enlightened committee to whom it had been committed, in presenting it to the Legislature, took a wider survey of the wants of the profession, and asked for for a law applicable to every county in the State. The memorial to the House of Assembly was referred to a committee of five, a majority of whom were medical men; and they consequently soon matured and reported a general act of incorporation, not only applicable to each county in the State, but also providing for a State Society composed of delegates from the several county Associations. But politicians so magnified the dangers to which the State would be exposed from the incorporation of more than forty Associations of physicians within its limits, that despite of the most earnest support of both committees, the rejection of the proposed law by a large majority was considered almost certain. Owing, however, to the very able and eloquent advocacy of the bill at this critical period, by the Hon. Wm. W. Van Ness, it finally received the sanction of the Legislature on the 4th of April, 1806.

This law authorized the legally qualified physicians and surgeons of each county to form themselves into a Society, named after the county in which it was formed, with power to choose officers, make all needful rules for the government of its members, and appoint a Board of Censors to examine and license all the applicants for admission into the profession in their respective counties. But no one could be admitted to an examination until he had given evidence of having studied three years with some practitioner, and had arrived to the age of twenty-one years. A State Medical Society was also provided for, to be composed of one delegate from from each County Society, and such permanent members as the Society should from time to time elect, not exceeding two in any one year. It was required to meet annually at the capitol in the city of Albany to elect officers and transact such other business as the interests of the profession should require. It was also required to divide the State into four medical districts and appoint a Board of Censors for each, whose duty it was to examine all candidates for license to practise medicine and surgery who should present themselves after having studied the required length of time. The law also forbid any to enter the profession and collect pay for their services without first procuring either a license from a County or State Society, or a diploma from some regularly organized medical college. Candidates who might be rejected by the County Boards had the right to appeal to the Censors of the State Society for another examination; but not *vice versa*.

Within two years after the passage of this law nearly every county in the State had its regularly organized medical Society, with its Board of Censors and library.

The first meeting of the State Society was held at the capital in Feb., 1807, and completed its organization according to the provisions of the law. Thus two great and all important objects were accomplished viz: a thorough organization of the profession in a manner most favorable to its advancement and

tion, and the provision for having all candidates exa

ARTICLE I.

Case of Colloid Degeneration of right Lung. By P. A. Allaire, M. D. Aurora Illinois.

The following case of Malignant Degeneration of the lung will, I think be found of interest from its rareness, and from the difficulty of diagnosis which usually attends cases of a kindred character. Dr. Stokes published a case some years since in the "Dublin Journal of Medical Science," of "Encephaloid Degeneration of the lung," and remarks that it is the "first case in which a direct diagnosis had been made" of the disease in that locality. I have seen no report of a like case since his. It may be found quoted in No. 24 of the New York Medical Gazette, Vol. 2nd.

Case.—Mr. Windit applied to me in March 1847, for advice in the treatment of a tumor growing on the right foot. On examination I found a growth the size of a hens egg, attached to the metatarsal bone of the great toe, on its upper or dorsal surface. Tumor immovable and without pain; no enlarged vessels on its surface. The part had never received any injury. This young man (Aug. 21,) presented every appearance of perfect health, was a farmer, temperate, and laborious, and his family were free from any hereditary disease.

I had treated Mr. W. about six years before for symptoms of Morbus Coxarius of right hip, the recovery from which had been perfect, except leaving the movements of the joint somewhat abridged, the effect of which was quite apparent in his gait.

On his requesting of me a prescription for the tumor, I expressed to him my fears that the disease was of a cancerous character, and advised its immediate removal, as giving him his only chance for ultimate safety. To this he would not consent, but declared he would wait, watch it, and try for its removal without operation.

May 8th. Was called to see Mr. W., and found the tumor much inflamed in consequence of an injury; he informed me it had steadily increased in size since March. I again proposed the necessity of its removal, which was now agreed to by the patient, but deferred for a few days to abate the local inflammation and prepare him for the operation.

May 11th. Assisted by Drs. Eastman and Stevens I amputated the foot by Chopart's method, which, while it left a very useful stump, was deemed the safest, as removing not only the disease, but the parts immediately adjacent. The tumor, on examination after its removal, was found to consist of a soft degeneration. The medullary part of the first metatarsal bone being filled with a substance resembling brain softened by decomposition. This was the centre of the disease: its bony sides were expanded, thinned, and perforated. Surrounding the bone was a semi-transparent, jelly-like substance, which, as you approached the surface of the tumor, became more like scirrhus, and then gradually the evidences of malignancy were lost in healthy structure. From this dissection, it seemed proper to class the disease as *Colloid*, or *Pultaceous Cancer.*

June 20th. The stump has healed. The patient seems well in every particular and has a very useful limb; in fact the utility of the member seems scarcely abridged.

After this, no interruption of the general good health of Mr. W., occurred for nearly two years, during which time he continued his simple habits and active life, and, from his excellent constitution and the thorough removal of the disease, I had begun to believe that here we had an evidence of the utility of the early removal of malignant growths. But the event proved in this instance, as in most, if not all others of *real* malignancy, that the removal of the point where morbific matter had been deposited, or developed, caused no cessation of the action which first produced it. Ought we indeed to expect, that a mere amputation would produce so radical a change? For none of this class of diseases can be thought local in their character; and when one point of malignancy has been removed, we must look for the development of another. If this is so, the rational plan would be to operate merely for the prolongation of life, and seek diligently for some agent which may remove this diathesis, or act as an antidote to the poison as it is generated.

May 7th. 1849. Saw Mr. W., at his request, and learned from him that he had had a cough, with difficulty of breathing, for nearly two months; these symptoms, slight at first, had gradually increased; the expectoration had been during this time a frothy mucus.

Present Condition. Orthopnoea, frequent, short hacking cough, mucous sputa, slightly tenacious and often streaked with bright blood, no pain in the chest, except a little low on the left side, pulse 85, rather small, skin moist, bowels regular, alvine evacuations natural in appearance, tongue clean, appetite good. A little exertion increases the respiratory movements. Percussion gives a dull sound on right side, except immediately under the clavicle, left side resonant throughout. Auscultation gives no respiratory murmur or other sound for the right lung, except in the superior fifth, and there it is mixed with mucous rhoncus. On left side respiratory murmur puerile, in the lower fourth, with crepitous rhoncus. The measurements of the two sides correspond. The symptoms and signs detailed indicated solidification of right lung, or empyema of right side of the chest, or a plueritic effusion in that part. I inclined to the first idea, and expressed the opinion that the solidification was owing to the developement of malignant disease, because 1st There had been no pain or other symptoms of inflammatory action, which must have preceded either empyema, or plueritic effusion. 2nd. from the total impermeability of the lung except the upper portion. 3rd. from the slow but steady increase of orthopnœa, and 4th. from the previous existence of malignant disease. The left lung was evidently sound, except a slight inflammation in its lower portion. I prescribed for the inflammation, a solution Tart. Ant. et. Potass. with poultices to the left side.

May 12th. Symptoms of pneumonia subsided, no change in other respects. Directed Anodynes "*pro re nata*," stimulating expectorants, and mercury as an alterative, hoping good from it if the disease was not malignant, feeling that anything would be useless if it was.

June 1. The patient has been under the influence of the mercurial for ten days, but without any amelioration of symptoms; on the contrary the difficulty of respiration has steadily increased. The right side is now dull on percussion throughout, nor does auscultation now give any sign that air enters the right lung or even its bronchia. Examined the heart, and found it performing its functions healthily. Since last report he has been bled twice, in conequence of the lung being apparently unable to supply the requisite amount of oxygen to the blood, as was indicated by lividity of lips, tips of fingers &c., and by increased embarrassment of respiration. The expectoration is at times very copious, consisting of mucus, marked occasionally with bright blood or little clots. The appetite has failed. Pulse 90 and small. Patient emaciating fast. No effusion in abdomen or cellular tissue. Size of chest same on both sides. Directed to continue anodynes and expectorants, suspend the use of the Calomel.

June 15. Respiration so difficult that he sits up constantly, and has some one to fan him day and night. In the left lung there is now cavernous rhoncus, with a puffing noise in the upper half, in the lower half mucus rhoncus with puerile murmur. No change in right side. These signs of engorgement and abscess in the left lung, show that it will not much longer suffice to keep the vital spark burning. He is using anodynes tonics and stimulants.

June 28th. Died without apparent change in symptoms. About three weeks before his death a small tumor was noticed in the right groin which increased to the size of a pullet's egg. Twenty eight hours after death the body was examined by Dr. N. Hard and myself. In consequence of the heat of th weather and other circumstances the chest only was opened Body much emaciated, no infiltration of cellular tissue. O opening the thorax, fluid of a pale straw colour; limpid, a without flakes, flowed out to the amount of 18 or 20 ounces, from the right side chiefly. *No trace of lung or bronchial tube could be found on this side, but in the upper part was impacted, a adherent to the parietes, an amber coloured and jelly like ma* which would probably have weighed six or seven poun The lower part of the cavity was occupied with the fluid before mentioned. Left lung adherent to *pleura costalis* in several places, by old bands chiefly; in the upper half w several small cavities filled with grumous fluid. The rema der of this organ was much engorged and softened. tumor in the groin on being cut into discharged a limpid l id; but at the centre had the appearance of Scirrhus.

ARTICLE II.

Report of Surgical Operations under the use of Chloroform.

By JOHN A. HALDERMAN, M. D., of Carlinville, Illinois.

From the interest manifested by the medical profession and the public in general, relative to the use and properties of anæsthetic agents in medical and surgical practice, I hav been induced to communicate to your valuable Journal th result of my experience in the use of chloroform in a few cases that seemed, in my judgment, to indicate its employment. As facts and experience, when carefully and accurately reported, will always subserve the true and practical interest of medical science; and as there is so much diversity of opinion with regard to the influence of this remedy on the animal economy, I have thought the following results of my limited observations and practice might serve, in some degree, to call the attention of some abler members of the profession from among the numerous readers and contributors of scientific medicine.

Case I.—Mr. A. C. Stephenson, a gentleman of middle age, and of delicate constitution, was attacked, in May last, with erysipelas of the right side of the chest. So malignant was the inflammatory action as to result in extensive suppuration under the fascia and muscles of the part, requiring the matter to be discharged, for which I was called to operate.

From the excessive sensibility of the nervous system, I thought the use of chloroform was clearly indicated, preparatory to the operation. A small incision had been made by Dr. A. Miller, the attending physician, who, with Dr. D. S. Brock, assisted in the case. One drachm of the Chlororoform was inhaled in about five minutes, when complete insensibility was induced. I immediately commenced the operation by making a second incision with a thumb lancet, three inches lower down than the one which had been made previously. I then introduced a grooved director into the lower orifice and gently pushed it through the upper opening. A probe-pointed bistoury was then carried along the groove of the director from one opening to the other, through the inflamed skin and subjacent parts, exposing freely the bottom of the abscess, at least three inches in length. The matter was all broken up with a scoop and discharged. During the whole of the operation there was not the slightest evidence of either pain or consciousness on the part of the patient. A few minutes after the operation was over, he recovered the possession of his mind and feelings, but affirmed that he knew and felt nothing that had been done. He soon got well.

Ase II.—Master N. B. Holly, a boy aged fifteen years, of a dwarfish and sickly growth from his infancy; was brought by his father to my office last September, for the extirpation of a large and suspicious tumor from the inside of the upper eyelid of the left eye. I placed him on his back on the office counter, with his head elevated and fairly exposed to the light of the window, and administered to him a little over half a drachm of chloroform. Complete loss of sensibility was produced within eight or ten minutes. Dr. E. Wright, my pupil at that time, assisted me with the case.

The eyelid being everted, and the tumor, thrust throug with a common tenaculum, was entirely removed with a small scalpel, Considerable hemorrhage ensued, which increased the feebleness of his naturally very defective circulation. His consciousness and sensibility did not return for nearly forty minutes after the operation, when the youth was surprised and rejoiced to learn that the tumor was out. He knew and felt nothing of the operation. At the expiration of a week, his father took him home, perfectly cured.

Case III.—Mr. R. H. King, of Madison county, had his finger contused about the root of the nail, so as partially to destroy its connection. Inflammation with the most exquisite pain supervened. Upon examination I found that the loosened nail was acting as an extraneous substance on the tender and sensitive *quick*. I advised the removal of the nail, under the influence of Chloroform. He was placed upon the bed, took a half-ounce of Chloroform, which induced insensibility for about two miuntes, when I pulled the nail off, with a pair of dental forceps, without any pain from, or knowledge of the operation. For the space of fifteen minutes after the operation, Mr. K. continued in a state of mental revery, describing in glowing language the beauties and exquisite grandure of an ideal scenery, which he afterwards compared to a vision of Paradise.

Case IV.—Mr. R. Rodes, aged 60 years, came to consult me last September, relative to a large cancerous tumor of the under lip. I advised its removal with the knife. After a few days attention to his general health, the operation was performed in the following manner, on the second day of October last. After placing him on his back on the office counter, he inhaled one ounce of pure Chloroform during the space of one hour, before complete anæsthesia was induced. I then caught the lip between my finger and thumb, pulled it perpendicularly from the jaw, and with a scalpel made a semi-circalar incision from one angle of the mouth to the other, including the entire lip down to the chin. Both the labial branches of the facial, and the sublingual arteries were taken up and secured by ligatures. The whole operation was performed without the slightest pain or even consciousness being experienced. When the old gentleman recovered his senses and found that the operation was over, he was exceedingly gratified. At the expiration of two weeks the wound was well. Seven months have now elapsed, and there is every appearance of a radical cure of the malady.

Case V.—Mr. T. R. J. English, aged about thirty-five years, consulted me in March last, relative to the treatment of a malignant cancerous affection, involving the lips and the left angle of the mouth. It had been treated by different physicians to no good purpose; was of six or seven years standing, and seemed clearly, in my mind, to demand, as the only alternative, immediate extirpation. Consequently, on the ninth of April, with the assistance of Drs. L. J. Woods and E. Wright, I operated. Four drachms of Chloroform were first administered, and the operation commenced; but there was an evident cringing from the knife, shewing some sensibility to pain, when I withheld the scalpel and gave two drachms more of Chloroform, which induced complete loss of feeling, and then resumed the operation, and in less than two minutes removed all the cancerous growth, including more than half of each lip, and nearly the whole cheek of the left side. The hemorrhage was active and free; the two labial arteries were secured with ligatures, and the main facial artery compressed on the inferior maxillary bone, so as effectually to command the bleeding. No pain of any consequence was felt till after the operation.

Mr. English is now (first day of May) nearly well. There is no visible indication of any morbid or cancerous character in the wound, which will in a few days be entirely well.

The discovery of the anæsthetic properties of Chloroform may be regarded as constituting a new era in the science of therapeutics, by conferring upon operative surgery a complete antidote to pain. But many respectable and intelligent members of the profession still oppose its use, by alleging that in very many cases it is unnecessary, and in most instances liable to produce injurious consequences. And some enter their caveat against its employment in mitigating the pains of parturition, because they are *natural*, and are the penalty for transgression and sin. But objections urged upon such principles would weigh with equal force against all the salutary and saving influences of the remedial scheme of Redemption. But if any man is under obligation to mitigate the sufferings of humanity, and thereby imitate the great Friend of sinners, it is the skilful and pious physician.

Chloroform, I am sure, when carefully and judiciously employed, will never be productive of injury, or be in any wise detrimental to the patient. But like all other potent and efficient remedies, requires to be administered by a skilful Physician—one who understands the physiology of the human system, the probable resources of vital energy, the pathology of the disease, and the laws of life.

ARTICLE III.

Congestive Fever.—By Thos. Sheldon, M. D. Brushy Prairie, LaGrange Co., Ind.

Perhaps there is no more vague term used in Medicine, than he one at the head of this communication. By it I wish to esignate a form of Fever, with which I have frequently met practice, but a description of which I have never been so rtunate as to meet with; consequently what I write is the esult of my own observation at the bed-side of the patient.

I should define this disease to be, Continued Fever of rath-r a low grade of excitement, with obstinate inaction of the liary organs; owing probably to congestion in the system of e vena portarum. It may occur primarily, or may follow n the course of, or upon the subsidence of other diseases, more especially Pneumonia.

When the disease occurs as a primary affection, the premonitory symptoms do not differ from those of common Bilious Fever; in fact, the full developement of the disease is frequently preceded by Fever of an Intermittent form. There is chilliness, sometimes a distinct chill, languor, pain in the head, back, and extremities, vertigo, loss of appetite, thirst, sometimes extreme restlessness, oftener, drowsiness, or inclination to stupor; bowels obstinately constipated, or harrassed by a colliquative diarrhœa; the tongue is dry in the centre, red at the tip and edges becoming dark colored and cracked in the course of the disease; frequently the point has a peculiarly smooth and shiny appearance. Sometimes constant nausea and vomiting without the ejection of any bile; the skin and conjunctiva are yellow, and the urine scanty and high colored. The pulse is generally frequent and compressible, sometimes very much oppressed, making the feel of it at the wrist difficult and indistinct. When the oppression is great, reathing will be irregular and the skin c perhaps not perceptible at the wrist. This condition is only distinguishable from one of prostration by the preceding history of the case. Internal stimulants under these circumstances will prove, so far as my experience goes, injurious. The sleep is generally disturbed, the patient starting and scowling or muttering in his sleep. The skin may be dry or moist; the extremities inclined to be cool.

Cases do occur in which the patient complains of no pain whatever, through the whole course of the disease; neither is there tenderness or pressure over the thoracic or any part of the abdominal regions. Delirium usually supervenes when the disease goes on toward an unfavorable termination.

The characteristic symptom, I conceived to be, the appearance of the alvine discharges, and their not being changed by the administration of ordinary bilious cathartics. The stools are extremely thin, watery, without much fœtor, and continue thus, even when calomel and other mercurial cathartics have been freely administered. When the mercurials have been continued sometime in moderate quantities, the stools assume a greenish tinge, but still continue scanty and without consistence. So long as the stools retain this appearance the Fever continues unabated.

Remissions and exacerbations frequently occur, the remission in the morning, the exacerbation in the afternoon or evening; but the remission is imperfect, merely a diminution of of the febrile excitement which is at no time excessive.

When the disease goes on to a fatal termination, the stupor increases, or when restlessness prevails, it continues unabated; the tongue becomes dryer and darker in the centre, more red and shiny at the edges; the pulse quicker, more frequent, and irregular; the teeth are covered with dark sordes; the countenance assumes an anxious expression, and toward the close becomes cadaverous; the breathing irregular; delirium and subsultus tendinum ensue; the extremities become cold; the skin clammy; the pulse weaker, more frequent, and irregular, and death soon closes the scene.

When the disease yields to the efforts of nature, or to the influence of remedies, the stupor diminishes ; the tongue becomes cleaner, moister, and less red at the tip and edge ; the pulse fuller and slower ; the skin uniformly warm and moist, and, which is of greater importance, the stools become free, consistent and dark colored ; the appetite returns and the patient is convalescent. I have not met with any case in which the stools assumed these appearances, which did not terminate favorably ; but I have seen marked improvement in all other respects, which was merely temporary, and was soon followed by an aggravation of all the symptoms and a fatal termination.

When this condition supervenes upon the subsidence of Pneumonia, the Pneumonic symptoms yield, but the patient does not improve as rapidly as we naturally anticipate ; the bowels are not moved by mild cathartics, or colliquative diarrhœa is present ; the tongue becomes dark colored at the base and centre, and red and shiny at the tip and edges ; the skin and conjunctiva are yellow, the pulse quick and frequent ; and unless speedily interrupted, the train of symptoms before enumerated, terminating in death, follow in quick succession. I have witnessed this result several times in persons of intemperate habits, who had been severely attacked with Pneumonia, for which they had been actively treated in the onset. These cases I believe to be peculiarly unmanageable, owing to the impaired condition of the biliary organs, in intemperate persons.

During the past season this form of Fever prevailed extensively in this neighborhood, and was very fatal, The want of success which attended my practice while pursuing an ordinary course of treatment, led, or rather forced me to adopt the one which I am about to detail, and which so far as I have seen it tried has proved entirely successful.

I will merely remark in regard to my former practice and experience in this disease, that I had used

lse or other symptoms called for it ; Cal or in small ones repeated ; cathartics of every description in different cases; epispastics to the right hypochondrium and over the abdomen; sinapisms and warmth to the extremities; opiates, diaphoretics, &c., in short pursuing an ordinary course of treatment for continued Fever with portal torpor or congestion. I gave quinine where the remission was at all distinct. In those cases where I gave calomel in full doses, say from 40 to 80 grs. pr diem, the progress of the disease was retarded, but in a majority of cases, only retarded; the fatal termination though delayed, almost uniformly ensued. Under the use of non-mercurial cathartics, and other courses of treatment, including the expectant plan, which I tried, the success was about the same, but the disease progressed more rapid than under the former one.

I hold that the indication of cure, is to promote a free action in the system of the vena portæ, which will be evinced by the appearance of free, consistent, dark colored stools. The only remedy I have found capable of effecting this indication, is calomel; and it only when given in enormous doses. In a case of this kind of Fever, if the symptoms are not very prominent, or alarming, or such as to leave no doubt of its character, I administer an ordinary purgative dose of Calomel, say from 10 to 40 grs. followed by some other cathartic; if thè stools produced by this are free and consistent, we have the best evidence that portal congestion is not present; but if on the contrary, the stools continue thin and watery, and the fever not materially abated, I hesitate no longer, but administer (generally with my own hands,) from one to two hundred grs. Calomel, and repeat it according to the severity of the attack, in from 40 to 120 grs. doses, every 3 or 4 hours, until the passages become free and consistent. After from 12 to 18 hours if the Calomel does not operate freely, I prescribe some additional cathartic medicine; a spoonful of castor oil with a drop or two of croton oil repeated every 2 hours answers very well, where it will be retained by the stomach.

When other articles are rejected, the castor oil in pill, aided by stimulating enemata, will be most efficient, When there are evidences of mucous irritation in the intestinal canal, I prefer a mixture of Castor Oil and Magnesia, flavored by Oil of Lemon or Peppermint.

The Calomel should not be discontinued until the stools are *free, consistent*, and *dark colored*; neither should opium be combined with it to prevent its running off by the bowels.

The object is, to open all the secretions, not to get the specific effect of the mercury, and no danger of this need be apprehended, unless the Calomel is continued after the above named indication is entirely fulfilled.

At the same time if there is much oppression, with stupor, coldness of the extremities etc. I apply a large epispastic to the right hypochondrium, sinapisms and warmth to the extremities, and give the spiritus mindereri internally.

The size of the dose of Calomel, and the frequency of its repetition, must of course depend upon the severity of the attack, and the time which has elapsed since its invasion. The earlier in the disease the Calomel is administered, the more prompt will be its effect, and the less of it will be required to fulfil the indication.

To one person who was most severely attacked I gave 200 grs. Calomel at one dose, followed in 6 hours by Croton Oil; he took 5 drops of the Oil, was purged very freely, the stools, which were at first extremely thin and watery, became consistent, and he convalesced rapidly without the slightest appearance of ptyalism. The same individual, about six months previously, was salivated by taking 20 grs. Calomel followed by Sulph. Magnesia, which also operated freely, for an ordinary attack of Bilious Fever.

In another case, one of the most alarming ones I ever saw, I gave 360 grs. Calomel in the course of the day; Castor Oil and Magnesia were given, which operated during the night; the following morning there was a striking improvement in all the symptoms; I gave him 120 grs. more at one dose, and the following day he was convalescent, without ptyalism. This patient was a young man of very feeble constitution, and depraved general health.

To a little girl 6 years of age, who had been laboring under the disease several days, and had been taking mercurials and Cathartics, Diaphoretics, Quinine, etc., without any perceptible improvement, I gave 180 grs. in divided doses within 12 hours; this followed by the Oil and Magnesia mixture, produced two very copious stools, a considerable portion of which was of the consistence of Tar and very dark colored. From this time she convalesced rapidly, without ptyalism; and her constitution which was previously good, is in nowise impaired by the enormous doses of this powerful remedial agent.

The Calomel is the principal remedy, but the Spts. Mindereri, especially when the disease has continued sometime I hold of very great importance. As a laxative the oil and Magnesia mixture is the best that can be used.

The use of Opium should as much as possible be avoided; and when given, very small doses will be found most beneficial; a little Comp. Tinct. Opii will almost always allay any irritation that may arise. [illegible] long as the stools are thin and watery. Opium will be *positively injurious.*

When abdominal tenderness supervenes, the application of cold by means of linen cloths dipped [illegible] cold water, and applied over the whole abdomen, changing them as often as they become warm, will be found very serviceable.

Where Dysury is present, the Spts. Nit. Dulc., together with Slippery Elm infusion, may be given with advantage.

After a free action of the biliary organs has been obtained, some of the Bitter Infusions will hasten the complete restoration of health. Quinine will be necessary when Fever of a periodic character is present. But until all the secretions are fully established, the administration of stimulants or tonics cannot be otherwise than injurious.

A few words more as to the administration of Calomel in these enormous doses and I will close. I have known of but two instances, out of a considerable number, in which the Calomel was given in quantities of from 2 to 400 grs. in the 24 hours, and in some instances repeated in these doses for several days, in which Ptyalism took place; and in these it was not profuse. In both, the Calomel was continued, though in smaller doses, after the stools had become free and consistent."

No considerable nausea or other uneasy feeling is produced while the Calomel is slowly but surely fulfiling its office. In no case have I seen anything like Hypercatharsis or excessive purgation follow its exhibition. I have frequently regretted not having given it sooner or more freely, but never had a wish that the dose had been less.

Unquestionably Calomel is an agent of great power for good or ill; and its administration, especially in these doses, should not be ventured upon rashly, or trusted to the hands of an unskilful person; but the effect of the remedy should be closely observed, and as soon as the desired effect is obtained, but not before, it should be discontinued. It can be most conveniently given by mixing with sweet cream.

Very probably a less energetic course of treatment will sometimes prove successful; but cases will occur in which I am very confident no other remedy will be found equal to the disease.

Epidemics vary greatly, as to severity in different years, and in different places the same year. That which prevailed here the past season was of a very obstinate character; but I can well remember cases which occurred in my practice in former years, terminating fatally, in which I believe a different result would have followed the adoption of this plan of treatment.

I have never known the stage of collapse to ensue, when the secretions were fully restored; neither have I ever known a patient to recover from this form of Fever when it did take place; consequently, anything I might be able to write concerning this stage would not be useful or interesting.

Stimulants may be given freely, but in all probability will prove entirely unavailing.

An advanced state of oppression might be mistaken for one of prostration; the former would require the free use of the Calomel, and the latter could hardly be injured by it; of course, where there was such a doubt existing, I would recommend that course of treatment which would offer the best chance of saving the patient.

ARTICLE V.

Collodion in Mammary Inflammation.—By JNO. EVANS, M. D., Prof. of Obstetrics, etc., in Rush Medical College.

Mammary Inflammation, whether it occurs during lactation or at any other time, is exceedingly prone to result in suppuration. This is owing to the great vascularity of the organ, and its loose and flaccid texture, which allows the determination of blood to it speedily to result in effusion of lymph, which, in the absence of the pressure made by denser structures, is not absorbed, but results in the secretion of pus.—Thus when the breast becomes indurated under the treatment heretofore practised by the professsion, of poulticing, applying liniments, tobacco leaves, &c., without constitutional treatment, it almost uniformly forms an abscess.

Disheartened by the general want of success in preventing suppuration by the ordinary means of treatment, and satisfied that the most prominent indication of cure was to overcome the freedom with which the blood is forced into the mamma, and, by compression, cause the absorption of the lymph, as is done by the roller applied on the extremities, in various forms of inflammation, I determined to use a complete coating of the collodion to obtain the benefit of its contraction; the result of which will be more fully illustrated by relating the following cases in which it has been used.

Case I.—Dec. 18th, 1849; called to see Mrs. J., suffering from Mammary Inflammation during lactation. Found she had bathed with liniments, applied poultices and kept the milk well drawn from the breast, but without apparent benefit. I could detect decided fluciuation at the point of greatest suffering. I ordered a coat of the liquid adhesive plaster which gave very prompt relief, and the inflammation speedily subsided. A few days after I opened the abscess which pointed, but it discharged a very small quantity and rapidly recovered.

Case II.—Mrs. S. was confined June 5, 1850, with her third child. On the 7th, she was attacked with a chill, followed by high Fever and active inflammation of both mammæ. She had suffered, after each of her previous confinements, with extensive abscess of the left breast. The secretion of milk was very profuse, and notwithstanding strenuous efforts to keep the milk drawn off by the assistance of a little girl who drew it very freely, the left mamma became extensively indurated and was acutely sensitive and painful at the point of the former abscesses.

I applied the collodion so as to cover the indurations completely, with the effect of promptly relieving the suffering of the patient; and by repeating the coating morning and night for a few days the indurations were removed. The only additional treatment used was Seidlitz Powders given to produce a laxative effect.

Case III.—Mr. McC. eight days after confinement, was attacked with mammary inflamation attended with chill and h febrile excitement, on the 8th of June

Gave Mass Hyd. grs. xij with Pulv. Doveri grs. viij. in the evening.

June 9th. This morning the breast is very painful and extremely tender to the touch, great thirst, dry mouth, frequent but compressible pulse and a troublesome cough. The bowels had not been moved. Ordered Sul. Mag. ℥ss. and an application of the collodion to the breast, and free abstraction of milk.

June 10th. Much better, says the application of collodion to the inflamed breast gave immediate relief to the pain, and the soreness has rapidly diminished. Ordered the application to be repeated.

The recovery was rapid without suppuration.

Case IV.—Mrs. P. three weeks after confinement was attacked with inflammation of the mamma on the 24th of June 1850. She had been previously under treatment for uterine phlebitis, from which she was recovering.

The breast was swollen, indurated and very painful. The collodion was applied so as to cover the induration and swelling, with almost instant relief to the pain. By repeating the application the swelling subsided gradually, without suppuration.

Case V.—July 15th 1850. Mrs. M. had an attack of inflammation of the right mamma, about ten days after confinement. I was called the next day and found it swollen, indurated, and painful, notwithstanding the milk had been kept freely drawn and the breast well fomented. A coating with collodion as in the preceding cases, promptly gave relief to the pain, and gradually removed the swelling.

In no case where I have used the collodion, except the first one reported, has the slightest suppuration taken place.

In every instance the relief from suffering has been prompt, and no inconvenience has resulted from its use in any case, except the slight smarting that attends its application.

Aug. 1st., 1850.

ARTICLE VI.

A Case of Misplaced Intermittent, or Neuralgia of the Uterus.

By E. D. Chambers, M. D., of New Lebanon, Ind.

Mrs. R. æt. 19, a small, slender lady, was suddenly attacked on the 26th of April, 1849, with slight chilly sensations, nausea, headache, and excruciating pain in the region of the uterus. This latter symptom was periodical, alternating with intervals of total exemption from pain, and was so severe as to cause the patient to cry aloud.

In about one hour after her attack I visited her, and, on inquiry, was informed that about the same hour on the preceding day, the patient complained of feeling unwell, and suffered from uneasiness in the hypogastric region. In the course of an hour or two, the unpleasant symptoms entirely subsided, leaving the patient in her usual health, up to the time when I was summoned to attend her.

At my first visit I was unable to decide satisfactorily as to the exact character of the case, as, although in active practice for the last ten years, I had never before seen one similar. Nevertheless, I was not ignorant in regard to masked intermittents, or, as Eberle calls them, *Febres Intermittentes Larvatæ*, which so frequently attack the inhabitants of the Wabash valley, and thought it possible this might be one of the forms assumed by this Protean malady. I prescribed 15 grs. Hydrarg. Cum Creta and 10 grs. Pulv. Ipecac. Comp., and directed the application of hot flannel to the hypogastrium.

On the following morning the patient was free from any unpleasant symptons, but at 4 o'clock, P. M., she was again violently attacked. She took a grain and a-half of Opium, with ten grs. of Camphor, which afforded partial relief. Being now satisfied that her disease was of malarious origin, and that to be treated successfully, it must be regarded as a Quotidian Ague, I prescribed 20 grs. Qu

Pulv. Ipecac. Comp., to be divided into four powders; one to be taken every three hours; commencing twelve hours previous to the expected attack. Since that date, she has been rid of the diurnal visits of her tormentor.

Except to show the close connection of malaria with the development of the diseases of the Wabash Valley, there is no remarkable interest attached to the above case. It may be remarked, however, that it serves to illustrate the truth of the remarks of Dr. Howland, in Vol. II. No. 1, of this Journal.

ARTICLE VII.

Case of Collboma Iridis.—By A. Garwood, M. D., of Cassoppolis, Mich.

The following case lately came under my observation, which was peculiarly novel and interesting to me, and I thought it might also be to oculists and the profession generally.

It was a case of congenital Coloboma Iridis, in a beautiful little girl, 10 years of age. The fissure extended from the pupil to the inferior ciliary margin of the iris. It gave to the eye a peculiar, staring appearance. She was troubled with Myopeia, but could see as well as usual for those that are short-sighted. I supposed from the largeness of the pupils that her vison would be better after night than persons generally, but her mother stated that she never observed that it was. The iris vibrates upon every motion of the aqueous humor, and it appears very much attenuated.

ARTICLE VIII.

Iod. Pot. in Hydrocephalus.—By Valentine Mott Satterlee, M. D., of Green Bay, Wis.

The following being quite an interesting case, and serving to show the benefit derived from the use of Iodide of Potassium, in cases of Hydrocephalus, which I have on several occasions treated successfully, I deem it my duty to report it that my brother practitioners may take advantage of the practice when similarly situated. Two weeks after the first attack, which was ushered in by convulsions, her condition was as follows: Pupils completely dilated, eyes fixed and rolled upwards, with entire loss of vision, difficulty of deglution, paucity of urine, paralysis of extremities of right side, working of the mouth, frequent sighing, rapid thready pulse, and incessant coughing. Commenced giving Iodine according to following formula. ℞. Iod. Pot., ℈ij.; Aqua., ℥iv. M. Give a teaspoonful every two hours. After continuing this for 48 hours with material improvement, ʒjss. Iod. Pot. to ℥iv. Water was ordered in same doses; on the third day, the pupils were observed to contract partially; there was *very copious diuresis,* and the child began to notice her attendants, and swallowed readily. The dose was diminished, and after a farther continuance for eight days, with steady improvement, Iod. Ferri was substituted for Iod. Pot.

The child recovered, and is now healthy and grows finely.

ARTICLE IX.

Nitro-Muriatic Mixture in Habitual Costiveness.—By Erial MacArthur, M. D., Chicago, Ill.

Having been called upon to prescribe for an infant daughter of Wm. McDearbon, on Clark St., for continued costiveness, d finding that all the usual remedies afforded or nt relief, and sometimes not even that, until cathartics of different kinds had been given for several days, I determined to see what efficacy there might be in the Nitro-Muriatic Acid Mixture in a case of this kind.

Feb. 17th, 1850. I made the following prescription, to wit: ℞. Nitric and Muriatic Acid, aa. ʒj.; Rain Water, ℥j. Mix. Apply with a sponge or soft linen a little of it morning and evening over the region of the liver and right iliac region, until the alvine evacuations are produced plentifully.

This effect was produced in two or three days after the first application, and the patient has not been afflicted with costiveness to any extent since, and although feeble up to that time has enjoyed excellent health since. It may be well to state that the patient was at this time one year old, and had been afflicted with this continued costiveness from birth. The mother informed me from time to time, that she was obliged to give the babe physic almost every week, and sometimes twice or thrice a-week.

I had prescribed for the patient many times during the year for this difficulty, but had never been able to produce anything more than temporary relief.

I have occasionally made the same prescription for adult patients of both sexes, for habitual costiveness, where occasioned by a torpid and inactive state of the liver; and almost invariably with entire success.

I might add that I have avoided the use of this mixture, when patients appeared to have local inflammation of any tissue or organ of the system.

ARTICLE X.

Case of Tubal Fœtation.—By C. C. Warner, M. D., of Summerville, Wisconsin.

Mrs. L. C. was married April 4th, 1849 (in her sixteenth year), and the 25th day of January (Friday) was delivered of a healthy male child.

Her husband was with her at the time she was delivered, and remained until the Wednesday following, and left her, but returned Feb. 16th. He staid until the 25th, went away, and has not returned since, making in all just one month from the time her husband was last with her. She did well after her confinement, and in ten days was able to be about the house, and do some light work. While he was at home the last time (Feb. 21st.), I was called to see her, and found her laboring under inflammatory absorption of the gums, and a slight Fever. Calomel and Jalap aa. grs. 10 were administered, and a gargle of Nitre, ʒiij. dissolved in a pint of Barley Water, and subsequently Blue Mass from 3 to 5 grains every evening with gargles of Cinchon. and Alum, until the bowels became active, when the morbid affection of the gums subsided. Her general health, however, did not improve, but declined into a chlorotic condition, with a bad cough and frothy expectoration, frequently to the amount of a pint in twenty-four hours. March 5th, was again called, and found her in the above condition. She had nursed her child up to the present time, though for the last week had had but little for him. I ordered him taken from her, and prescribed an expectorant of Scilla, ℈ij.; Ant. Tartras., gr. j.; Camph. Tinct. of Opium, ʒij., and water and sugar sufficient to form a syrup of ℥iij.; dose 3 drops every six hours, and wine and Carb. Ferri as much as she would bear. She gradually improved, and in two weeks was able to sit up most of the time, walk it the house by taking hold of something to s and ride a short distance. During the whole time since I was last called, she had had a very craving appetite, ate freely of nearly every dish that could be prepared by her mother, and all of her neighbors (and those not a few), and nothing of the kind ever seemed to hurt her, though she vomited frequently in the morning. I came to the conclusion that she was again pregnant; although she had previously informed me that she had had no discharge from the vagina, to her knowledge, of any kind, since the first week after she was delivered of her child. April 10th. Pulse 100 in a minute, and quick, but easily compressed, and had been so for the last three days.

Changed from the wine and iron to Hydriodate of Potassa gr. ij., three times a-day, and Squill and Digitalis aa. gr. j. in in pill. She continued to improve. April 18th, rode to her sister's (a distance 1½ miles), and on the morning of the 19th was taken with pain in her bowels (as she expressed herself) and vomiting; was carried home; pain and vomiting continued at intervals through the day; bowels moved twice. Sulph. Morphine was prescribed, sufficient to relieve the pain. I informed her friends that she was in labor, and that abortion would probably take place. But fearing the almost certain consequence, death, from the debilitated chlorotic condition of the system, I continued the morphine, gr. ¼, combined with Quinine, gr. j. every six hours for a tonic, and Calomel and Ipecac. aa. gr. j. every four hours, with a mustard cataplasm over the epigastric region to allay the irritability of the stomach, and perfect rest, that, if possible, the present symptoms might be allayed.

Tuesday, 23d. Dr. Wheeler was called in; thought the difficulty might arise from a disordered condition of the liver, and recommended the Morphine and Quinine continued, and Extract Cicuta for an alterative. This was continued through the day, but to no effect.

24th. Pain and vomiting continued as before; was again put upon the former prescription, but all gave only temporary relief. During the last 36 hours, was almost constantly calling for food, but it, on being taking into the stomach, was soon thrown up again.

She died on the morning of the 25th, just three months to a day from the time she was confined, and two from the time her husband last left her. In the evening of the same day, a post mortem examination was made by myself in presence of two other gentlemen. The mucous membrane of the uterus was found somewhat congested, and a membranous substance in the womb, though separate from the mucous surface, and resembling in appearance a small clot. The left ovary was found to contain two corpora lutea, one a very little larger than the other, and in the fallopian tube, about half-way from the fimbriated extremity to the womb, was a fœtus of about two months growth. The place where it was lodged was enlarged into a sac, and somewhat congested. The right ovary and fallopian tube were natural in appearance, and contained no marks of any kind. The above is a description of the parts as they appeared to the naked eye. Dr. Blanchard, of Delavan, afterwards saw the preparation which I have now in my possession, and agreed with me in the above description of the parts.

ARTICLE XI.

THE WISCONSIN STATE MEDICAL SOCIETY

Met in Milwaukee on the 19th inst., and convened in the City Hotel to hold its annual session.

Dr. H. Van Dusen, from the Western Medical Society of the State of Wisconsin, and Drs. T. K. Bartlett, G. Wright, T. B. Selby, and —. Warner, from the Milwaukee County Medical Society, were admitted to the membership of the Soety as delegates.

On motion, an invitation was extended to the regular physicians and surgeons now in the city to take seats in the Society, and participate in its deliberations during the present session.

On motion, the Secretaries were instructed to prepare and issue letter circulars to the regular practitioners of medicine and surgery throughout the State, requesting them to be present in Madison on the third Wednesday of January, A. D., 1850, to attend a Mass Medical Convention, there and then to be holden, which has for its object the establishment of the profession of medicine upon a respectable footing, by securing the passage of a law by the Legislature for that purpose, and the transaction of such other business as may be thought expedient.

Dr. Geo. D. Wilber and Dr. J. Johnson were, on motion, elected permanent members of the Society.

The annual election of officers resulted as follows :—

Dr. ALFRED L. CASTLEMAN, of Delafield, President.
" H. VAN DUSEN, Mineral Point, Vice-President.
" Geo. D. Wilber, Mineral Point, Recording Secretary.
" James P. Whitney, Milwaukee, Corresponding Sec'y.
" T. B. Dousman, Milwaukee, Treasurer.

Dr. G. Wright, Waukesha,
" T. K. Bartlett, Milwaukee, } *Censors.*
" J. Johnson, Milwaukee,

On motion, the President was requested to deliver an address before the Society at the close of his term of office, on the subject of Medical Reform.

On motion, Resolved, That the next annual meeting of this Society be held in Madison, on the second Tuesday of June, A. D., 1851.

Ordered by the Society, that an abstract of the proceedings of this meeting be furnished to the public prints in the State for publication.

Adjourned to meet in Madison on the third Wednesday of January, A. D., 1851, at 12 o'clock, M.

GEO. D. WILBER, *Rec. Sec'y.*

ARTICLE XII.

THE WESTERN MEDICAL SOCIETY

Of the State of Wisconsin met in this place on Tuesday, the 4th inst., and although the weather was bad, there was a full attendance.

The President being absent, Dr. H. Van Dusen was called to the Chair. Several new members were admitted, and others made application for Diplomas, but only one was granted.

The resignations of Dr. G. W. Phillips, Treasurer, and Dr. W. Clark, Censor, were received. Dr. G. W. Bunnall, of Dodgeville, was elected Treasurer, in place of Dr. Phillips, resigned. Dr. D, Ross was elected Censor, in place of Dr. Clark, resigned.

The following Standing Committees were created, and the President made the following appointments to the same :—

On Topographical Medicine.—Dr. A. Sampson, Chairman, Dr. D. Ross, and Dr. J. S. Russell.

On the Condition of the Medical Profession in this District.—Dr. Geo. D. Wilber, Chairman, Dr. C. A. Mills, and Dr. Wm. Stoddard.

On Indigenous Botany—Dr. G. W. Bunall, Chairman, Dr. R. F. Hays, and Dr. T. R. Kibbe.

On Essays.—Dr. John Cassels, Chairman, Dr. A. P. Ladd, and Dr. J. I. Bayse.

The following resolution was unanimously adopted :—

Resolved, That no person shall be eligible to the studentship of medicine, who has not a good English education ; such an acquaintance with the Greek and Latin languages as will enable him to appreciate the technology of medicine, and who does not maintain a reputable moral character, and possess good mental endowments.

rticle XIV. of the By-Laws reads in this wise :—

"It shall be the duty of the Corresponding Secretary to notify all persons engaged in the practice of medicine or surgery within the limits of this Society, not already members thereof, as soon may be expedient, of the existence and objects of our organization, and invite each to become a member, and if, after being thus notified for six months, they shall neglect, refuse, or fail to become members, they shall be deemed irregular practitioners; and it shall be improper for any member of this Society, in his professional capacity, to advise or consult with such irregular practitioner."

On motion, the Recording Secretary was instructed to have an abstract of the proceedings of this meeting published in the Wisconsin Tribune.

Dr. Van Dusen was elected one of the delegates to attend the meeting of the Wisconsin State Medical Society.

On motion, the Society adjourned to meet in Hazel Green on the first Tuesday of December, 1850.

GEO. D. WILBER,
Rec. Sec'y.

ARTICLE XIII.

MEDICAL SOCIETY OF THE UPPER ILLINOIS.

Pursuant to notice, a meeting of physicians was held in Lacon, Marshall, Co., July 2d, 1850, for the purpose of estalishing a local Medical Society, auxiliary to the State Medical Society, and designed to comprise the physicians of Marshall, Bureau, Stark, Putnam, and the adjoining counties. The Convention, after organizing in due form, adopted a Constitution and By-Laws, and resolved itself into the

"Medical Society of the Upper Illinois," and elected the following-named gentlemen as officers for the ensuing year:—

Dr. ALBERT REYNOLDS, of Magnolia President.
" R. Boal, of Lacon, Vice-President.
" S. Allen Paddock, of Princeton, Secretary.
" U. P. Golliday, of Lacon, Treasurer.
Dr. Thomas Hall, of Toulon,
" Wm. O Chamberlain, Princeton, } *Censors.*
" L. G. Thompson, of Lacon,

Part 2—Reviews and Notices of New Works.

ARTICLE I.

Lectures on Venereal and other Diseases arising from Sexual Intercourse. Delivered in the summer of 1847, at the Hospital du Midi, Paris, by M. Ricord. Reported and translated by Victor de Meiric, M. D., M. R. C. S. S. Philadelphia : Ed, Barrington and Geo. D. Haswell, 1849 ; pp., 298 ; 12mo. (From the Publishers.) For sale by J. Keen, Jr., & Bro.

These lectures are already familiar to the readers of the *London Lancet*, having been published in that journal more than a year since. They have now been put into the form of a book which, being cheap, is accessible to the whole profession. There is no class of diseases concerning which practitioners generally have such crude and indefinite notions, as of Venereal Affections. In villages, Syphilis is rare, many practioners having been in active practice for years without seeing a half-dozen cases : nevertheless, it is the duty of the medical man to be prepared to manage the occasional case ; and to that end, he cannot read a better book than the one before us. To Ricord is pre-eminently due the credit of having elucidated the nature and treatment of Venereal Diseases ; and his sound views, based on the most extensive practice in the great Venereal Hospital of Paris, have become the guide in practice for most enlightened physicians and surgeons.

The present work contains his doctrines touching the nature and treatment of these affections, brought down to a very recent date, and any practitioner who desires to have the best treatise extant, on this subject, should not fail to procure and study this excellent little volume. M.

ARTICLE II.

A Treatise on Baths; including Cold, Sea, Warm, Hot, Vapor, Gas, and Mud Baths: also, on the Watery Regimen, Hydropathy, and Pulmonary Inhalation; with a Description of Bathing in Ancient and Modern Times.—By JOHN BELL, M. D., Member of the American Medical Association, and of the Pennsylvania Medical Society; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society; formerly lecturer on the Institutes of Medicine, and Materia Medica. Philadelphia: Barrington & Haswell, 1850; pp., 658; 12mo. (From the Publishers.) For sale by J. Keen, Jr., & Brother.

This is decidedly the most readable medical book of the year, and though not written exclusively for the perusal of the profession, it is one from which the physician will derive much solid and valuable information, as well as a great fund of entertainment. The learned and accomplished author has, from a vast mass of heterogenous and ill-assorted literature on the subject of which he treats, elicited order out of chaos, and presented us with a volume at once learned, elegant, and in-instructive.

The delusions of Hydropathy, and the real value of water as a therapeutic agent, are fairly and judiciously set forth.— The importance of bathing is eloquently urged, and the directions for the particular kind of bath required under given circumstances are plain and perspicuous. To the classical scholar, the description of the ancient baths possesses an interest, as leading him again over ground hallowed by scholastic associations. And interspersed through the whole, is a fund of quaint anecdote, and curious learning, which cannot fail to endear the volume and the author to every one who has in him the least spice of the humorist or antiquary. In short, any one who reads Prof. Bell's book, without being interested with it, may, like Dogberry, insist with great propriety on ving it written down that he is an ass.

ARTICLE III.

Surgical Anatomy.—By JOSEPH MACLISE, Surgeon. With Colored Plates. Phila.: Lea & Blanchard, 1850. Imperial quarto. Part II. (From the Publishers.)

We have received the second part of this magnificent work, containing the surgical anatomy of the hand, the organs of the thorax, abdomen, and the hernial regions. After what we have already said of this work, we have nothing more to add, except that this part is quite equal to the other in exactness of delineation, and beauty of typographical execution. It should be on every surgeon's table.

ARTICLE IV.

Proceedings of the Medical Society of the State of Pennsylvania, at its Annual Session, held in Philadelphia, April, 1850; pp. 55; octavo.

Minutes of the Proceedings of the South Carolina Medical Association, at its Annual Meetings, February, 1849–50. Charleston, S. C.: Walker & James; 1850.

Proceedings of the First Annual Meeting of the Indiana State Medical Society, held in the City of Indianapolis, May, 1850. Indianapolis: Elder & Harkness; 1850.

Sixty-third Annual Report of the Regents of the University of the State of New York, made to the Legislature, March 1st, 1850; pp. 379, octavo.

Transactions of the Medical Association of Southern Central New York, at the Annual Meeting held at Elmira, June, 1850; pp. 80; octavo.

One of the greatest advantages resulting from the formation of the National Medical Association, is the impulse thereby given to the organization of the profession throughout the whole country. Since that body has begun to hold its annual essions, many State Medical Societies have been organized; and the natural operation of these is to induce the profession to form local auxiliary Associations, thus giving impetus to the spirit of reform and inquiry. The medical profession has complained, loudly and justly, of many disadvantages under which it has labored, and of various indignities which have been inflicted upon it; but until lately there has appeared but little rational hope for relief. The old fable of the bundle of sticks, or the motto "that in union there is strength," has not until lately been appreciated or acted upon; and the consequence has been, that although there were many energetic and spirited efforts put forth in various quarters for the advancement of the profession, a lack of concert of action rendered them comparatively inefficient. But a brighter day is now dawning. A thorough organization, enabling the profession to act as one man, cannot fail to produce important results. A body of men so numerous and respectable as the medical profession of this country, cannot fail to secure attention and respect, if they are united in demanding it.

We ask no political immunities nor protection, and we demand that no petty demagogue nor political busy body shall insult us with silly enactments, merely for the purpose of ministering to the stupid prejudice of some half-dozen blockheads, whose votes he covets. We can take care of ourselves, and are willing to trust the good sense of the people to discern between the man of merit and the impudent pretender; for if public opinion sometimes gets wrong, legislative opinion, which is only its echo, is quite as likely to go astray. Let the profession become thoroughly organized, and let each member strive to improve the profession by improving himself, and we have no fear that we shall be superseded in the confidence of community by empirics and pretenders. But we must not lose sight of the fact that people judge of merit abstractly. They do not enquire where a physician obtained his diploma, nor whether he has got one; but is he a good doc-

tor? does he cure his patients? And herein they are right. If we cannot cure more than the quacks, we are no better than they; and if we evince superior skill, it cannot fail to appear ultimately; for although deception may flourish for a season, it must, in the nature of things, be sooner or later unmasked. The following resolution of the Indiana State Medical Society, though not very clearly expressed, embodies the true doctrine on this subject:—

> WHEREAS, The protecting arm of the law has been withdrawn, in the State of Indiana, from the Medical Profession; And whereas, it is expedient that a broad line of distinction between Scientific Medicine, and the various forms of empiricism in vogue in our country should be plainly marked, and seen. Therefore,
>
> *Resolved*, That this object is mainly attainable by the influence to be exerted by individual members, and as a consequence of elevating the standard of their own professional acquirements.

We are glad to see that the interest of the Indiana physicians in the success and usefulness of their State organization is increasing; and it is almost superfluous to say that our warmest wishes for the continued prosperity of the Society are cordially tendered.

We notice that it is in contemplation to hold the annual sessions of the Society at various points in the State. We think this will have a good effect, serving, as it will, to interest the profession of each section of the State, in the meetings of the Society. The following are the officers for the ensuing year:—

President.—Dr. A. CLAPP.

Vice-Presidents.—Drs. WM. LOMAX, R. CURRAN, W. DAVIDSON.

Recording Secretaries.—Drs. J. S. Bobbs, A. M. Hunt.

Corresponding Secretary.—Dr. T. Bullard.

Treasurer.—Dr. D. Funkhouser.

Librarian.—Dr. P. H. Jameson.

Delegates to the National Medical Association.—Drs. R. C. Hamill, L. Dunlap, R. Farquar, Jno. Sloan, T. Ryan.

The report of the proceedings is not as full as it might be; as we see no notice of the address delivered before the Society, by our editorial *confrere*, descriptive of a new Obstetrical Instrument invented by him.

Appended to the proceedings is an able and interesting address by the President, Dr. Cornet.

In the proceedings of the State Medical Society of South Carolina, we notice several very interesting features. It is pleasant to observe the very proper and cordial friendship existing between the Society and the Governor, and the high appreciation of the services rendered by the profession to community. We are gratified, also, at the strenuous efforts made to complete the indigenous medical botany of the State, and the decided stand taken in reference to the subject of adulterated and spurious drugs. We confess, however, that following resolutions are not exactly to our mind:—

> *Resolved,* That the members of the South Carolina Medical Association will continue to offer their services gratuitously to all clergymen and their families, when the clergyman is known to be a friend of the medical profession.
>
> *Resolved,* That no clergyman shall receive our services gratuitously who advocates and recommends the use of secret and patented medicines, either publicly in the newspapers or privately to his own parishioners.

We believe that a clergyman is as much bound as other men to pay for medical services; and there is no reason why his physician's fees should not be put on the same footing as his butcher's and baker's bill, unless he be in straitened circumstances. Nor do we believe that clergymen generally expect such services gratuitously; though we are pained to say that individual instances have come under our notice, where medical men have rendered the most arduous and important services to clergymen and their families without receiving so much as a single expression of gratitude in return;

and this in cases, too, where the income of the clergyman was much greater than that of the physician. As to discriminating between those who recommend quack medicines and quack doctors, and those who are more enlightened, we do not think it amounts to anything. While we evince our respect to the latter class, we should be lenient to the former, and say to them kindly, "I wot, brethren, that through ignorance ye did it." It seems to us such a course is much more likely to reclaim the erring, and is inconceivably more useful than to exclude them from the pale of our good will and friendship, thus driving them, as it were, into the communion of quackery.

With regard to the other Associations mentioned in the caption of this article, we have space only to say that they appear to be in a prosperous condition, and continue to evince a determination to continue active in the cause of professional improvement. M.

ARTICLE VI.

Report of the Trial. The People vs. *Dr. Horatio N. Loomis, for Libel. Tried at the Erie County Oyer and Terminer, June* 24th, 1850. Buffalo: Jewett, Thomas & Co.; pp. 50; 8vo.

Our readers doubtless remember that a great noise was made in Buffalo last Spring, by divers fastidious medical gentlemen, whose modest sensibilities received a severe shock on the occasion of Prof. White's giving a clinical lecture on obstetrics. The gentlemen of the graduating class in the medical department of the University of Buffalo, were admitted to attend a case of labor, whereat many of the profession in the city professed themselves immensely scandalized. Dr. Loomis published a paragraph on the subject, in one of the city papers, for which he was indicted for libel, and this pamphlet contains a record of the trial, which resulted in a verdict of "not guilty." After reading the Judge's charge to the jury, we are free to confess that we esteem the verdict a singular one. Those of our readers who have curiosity enough to wade through the details of this trial, can probably obtain a copy on application to Prof. White, at Buffalo.

Part 3.—Selections.

ARTICLE I.

Twins Singularly Connected, &c.—By Napoleon B. Anderson, M. D., of Louisville, Kentucky.

About 10 o'clock, A. M., on the morning of Tuesday, the 21st of May last, I was called to see Mrs. M., aged nineteen years, supposed, at the time, to be in labor with her first child. I found her composed, free from Fever, with occasional pains of short duration. On ascertaining that she had carried her child only seven months, and over-exerted herself on the previous day, I was fearful of a premature labor. On examination, per vagina, the os uteri was found dilated to the size of a small goose quill, with slight hemorrhage from the vagina, which was supposed to have been caused by reaching up and scrubbing some windows. For the purpose of checking the hemorrhage, cold cloths were applied to the vulva and pubes, and one of the following pills given every hour:—

℞. Ext. Hyoscyamus, grs. x.
Plumbi Acetatis, grs. xxv.
Pulv. Opii., grs. iv.
Oil Menth., pip. gutt., ij.
Misce. ft. Pilulæs, xv.

At 9, P. M., the pains and flooding had ceased, and the patient remained free from them until the 22d, at 11 oclock, P. M., when I was sent for again. I found the pains stronger and more frequent than at first, with an absence of flooding, and the os uteri as large as a five cent piece. Thinking it prudent to interfere no farther, she was allowed nothing but a pill occasionaly, until the 23d, at 10 o'clock, A. M., when the os uteri had dilated larger than a dollar, and flooding commenced again, with pains too feeble to expel the child. Twenty grs. of ergot were ordered in three equal portions; one to be given every half-hour in warm water. After the exhibition of the third powder. the patient gave birth to twins, male and female; one a head and the other a foot presentation. The placenta and child were born with one pain. No flooding of consequence followed, and in ten days the mother was well.

On an examination of the children (for they died in twenty minutes after birth), they were found attached to each other at the umbilicus, by a cartilaginous, cylindrical tube, which was enclosed within a sac, formed by a continuation of the skin from the abdomen of both children, passing off gradually in a funnel shape from each child, about two and a-half inches long, and an inch in diameter, from the center of which arose the placental cord of usual size, with a medium placenta. On laying open the tube. it was found to contain two intestines, of the size of the coecum, one going to the male from the female, and vice versa. The children were well proportioned, and may have other peculiarities about them, besides those detailed. They have not, as yet, been fully examined. The writer has them in his possession.—*Western Jour. of Med. and Surg.*

ARTICLE II.

Treatment of Intermittent Fevers by a single dose of Quinine.

Dr. Pfeufer; of Heidelberg, states he has had much opportunity of treating this disease, and was formerly in the habit of prescribing from 15 to 20 grains, in divided doses, in the intervals of the paroxysms. Latterly he had given five-grain doses, until from 40 to 60 grains were taken, and with great success. The number of patients having greatly increased during the bivouacs consequent upon the revolutionary disturbances, the expense of so much Quinine was found a serious consideration, and he determined to try whether by a different mode of administration less might not suffice, and certainly, if the results he has arrived at are confirmed by others, he will have conferred no ordinary boon on the distributors of charitable medical relief. He finds, indeed, not only that the expense may be vastly diminished, but the cure expedited and rendered more certain, by administering a *single ten-grain dose* (made into four pills, with ext. of *millefolium*), on a day free from Fever. This dose is well borne, none of the inconveniences which result from the long-continued use of small doses, or the tinitus, giddiness, &c., produced by very large ones, presenting themselves. The subsequent attack is weaker, and its successors still more so, the convalescent remaining in the hospital from four to eight days. A tabular view of the particulars of 34 cases so treated is given.---*Henle and Pfeufer's Zeit.*---*Brit. and For. Medico-Chirurg. Review*, April, 1850, p. 534.

ARTICLE III.

Conclusions respecting Valvular Diseases of the Heart.---By Dr. A. W. BARCLAY, Physician to the Chelsea, Belgrave, and Brompton Dispensary.

[Dr. Barclay makes the following deductions from the analysis of a large number of cases occurring at St. George's Hospital:]

1. Liability to double valvular diseases is a consequence of rheumatic endocarditis; and this disease may attack at an early period of life, and terminate fatally at an early period. 2. A decided limit appears to be set by age to fibrinous deposit on the valves of the heart. 3. Atheromatous disease affects not by preference the mitral valve, as has been sometimes stated. 4. Though endocarditis is most commonly an acute disease, originating in connection with acute rheumatism, yet it appears that the endocardium or lining membrane of the heart is liable to become the seat either of chronic inflammation and its effects, namely, thickening and induration with corrugation of the valves, and arctation of their apertures, or of atheramatous deposition. 5. After this condition of the endocardium and valves has been insensibly established, an acute form of the disease may supervene, or hypertrophy or dilatation may ensue. 6. A large proportion, that is, nearly one-half of the fatal cases of granular kidney, is found coincident with valvular disease; but valvular disease is rare in those cases in which the kidney is large and mottled. 7. As

a corollary from deduction 6, it must be admitted as probable, if not certain, that the large mottled kidney is a different disease from the granular or hard, and usually small kidney.

Points requiring farther investigation are the following:—

1. Whether the double valvular affection be the immediate, or the remote consequence of rheumatic endocarditis; and from what circumstance the disposition to renewed attack of the disease is derived? 2. Whether endocarditis ever proceeds from the enlarged and mottled state of the kidney as its sole cause; and why, among so great a number of cases connected with granular kidney, the inflammatory action was not more frequently found recent?—*Edin. Med. and Surg. Jour.*, April, 1850; p. 341.

ARTICLE IV.

Nitrate of Silver in Epidemic Dysentery.—By Lewis Slusser, M. D., of Canal Fulton, Ohio.

That diseases of an epidemic character are more difficult to manage—more intractable in their nature and treatment, than the sporadic form, is a principle in the practice of medicine that will not, I presume be denied.

During the summer of 1849, Dysentery prevailed in this section with unwonted virulence. In some neighborhoods the mortality attending its prevalence was so alarming, that with some practitioners it was regarded as but another form of Asiatic Cholera.

In very many cases, the ordinary remedies, such as we had been accustomed to prescribe in former years, and with satisfactory results, utterly failed. Neither mercurials, opiates, nor astringents, separately, or in varied combination, exercised any control over the symptoms, not even palliating them. The same may be said of Ipecac., Hope's Mixture, and counter-irritation. Nor had injections of Starch and Laudanum, Ice Water, or suppositories of solid Opium any effect in mitigating the tormina and the tenesmus. Dr. Young's Buttermilk treatment (vide Amer. Jour. of Med. Sci., 1842), proved advantageous in a few cases; in others, it undoubtedly aggravated the symptoms. Antiphlogistics were contra-indicated. Some cases, despite the most energetic treatment, would terminate fatally in less than forty-eight hours; others, prostrated from the excessive evacuations, fell into a typhoid condition, lingered a fortnight or more, and then died. In this latter condition it was, after having failed with those remedies hitherto regarded as orthodox, that I had recourse to Nitrate of Silver, a remedy first suggested, I believe, in this disease, by M. Trousseau. In determining upon this article, I was mainly influenced by the knowledge of its frequent exhibition in other enteric affections, both acute and chronic; and particularly by the ocular proof of its beneficial effects in Typhoid Fever, which prevailed among us the previous Spring. Regarding the pathological conditions of the two affections, as in many respects analagous, I felt justified in giving the remedy a trial. The results were very satisfactory; and I may add, that subsequent experience confirms the favorable opinion previously entertained.

I have not had any experience of its effects in the *first* stage of Dysentery. In what some authors very properly, as I conceive, designate the *second* stage—where the discharges give evidence of an ulcerated condition of the bowels, accompanied with Typhoid symptons---I regard Nitrate of Silver as *the* remedy to be preferred to any I have yet seen recommended. I will give particulars of a few cases from notes taken at the time.

The first case in which I exhibited it, was that of Mrs. T., æt. about 35; the mother of four children. I had treated her in the Spring, for "sore mouth peculiar to nursing women." In June, she had an attack of Cholera Morbus, which yielded upon the exhibition of our ordinary remedies. About the first of August, Dysentery made its appearance in her family. First her husband was attacked; he convalesced in a few days upon the Calomel and Opium treatment. Next herself. Resorting to the previously tried remedies already mentioned without any mitigation of symptoms, her condition soon became such, that I was satisfied unless some other course of treatment was speedily adopted the result could not be otherwise than fatal. At this stage, decided typhoid symptoms had supervened; countenance hippocratic; skin bedewed with a cold clammy sweat; eyes, sunken and lustreless; pulse weak and frequent; tongue dry, red and glazed; thirst ardent; bowels tympanitic; tormina and tenesmus almost incessant; fifteen and twenty discharges in as many hours, of a purulent, bloody, and lymphous character.

I determined upon the following prescription:

℞. Argent. Nitrat. Crys., gr. vj.
Pulv. Opii., ℈j.
Mucil. Gum Acac., q. s.
M. ft. pil. No. xij. One every two hours.

Her prostrated condition was such as to demand the free exhibition of stimulants, in order to sustain the faltering energies of life. Brandy and Arom. Spts. Ammon. were given *pro re nata.* At the same time, I ordered an injection every three hours, of gr. ij. Nitrate of Silver dissolved in ℥j. warm water, mixed with a gill of tepid milk. At the expiration of twenty-four hours from the adoption of this treatment, I found an evident amelioration of the distressing symptoms. The evacuations were less frequent, and there was a decided mitigation of the tormina and tenesmus. I was encouraged to repeat the prescription, but prolonged the time of giving the pills to three hours, and omitted the injections. The discharges soon after exhibited the characteristic dark appearance, the effects of the remedy, and contained less mucus. The symptoms gradually abated, the secretions became natural, and in a few days the patient was entirely out of danger.

The next case was that of a daughter of Mrs. T., æt. 10 years. She had been confined about a week; condition much the same as that of her mother. Ordered the same prescription, observing a differential proportion. The improvement, for the first twenty-four hours was not so marked as that of her mother; and observing a want of action about the surface, I concluded upon the following:—

℞. Nitrate Argent. Crys., grs. jiss.
Sulph. Morph., gr. j.
Vin. Ipecac., ʒj.
Aquæ Camph., ℥j.

M. A teaspoonful every two hours. At the same time ordered a warm bath. This had the desired effect. Free perspiration followed; the alimentary secretions improved; and in a short time she also recovered.

Few days after, saw Mr. M——, æt. about 45, in consultation with Dr. Donahu. He had been laboring under Dysentery some twelve days, and was much prostrated. Pulse 130; abdomen tympanitic, though not tender upon pressure; had discharged on the day previous a large quantity of fatty matter, having the consistence of healthy pus, but inodorous; tongue dry, and covered with a thick white coat; the papillæ prominent; sordes upon the teeth and gums; his whole surface covered with a fœtid clammy perspiration. He had had the full benefit of the Calomel and Opium treatment. Typhoid symptoms were present, and it was evident there was a decided downward tendency.

The treatment adopted in case first was decided upon, and the results were equally fortunate.

I deem it unnecessary to extend this article, by a detailed history of other cases, with like symptoms, treated by the same curative agent, and resulting alike satisfactorily. Sufficient, I think, has already been adduced to recommend the agent as one at least worthy a trial. I might mention that I suggested the remedy to several neighboring practitioners, and so far as I have heard, its administration in the conditions before specified, was attended with uniform success.

In obstinate Diarrhœa of infants, it has proven in my hands an excellent remedy. In advanced stages, where the prostration and emaciation is extreme, dejections frequent and watery, I have exhibited the following mixture with admirable results:—

℞. Argent. Nitrat. Crys.,
Sulph. Morph. *aa.*, grs. ij.
Gum Arab., ʒj.
Sacch. Alb., ʒij.
Aquæ., f. ℥ii..

Ft. mix. Teaspoonful every three hours, to a child three years old.—*Medical Examiner.*

ARTICLE V.

MINISTERS AND PHYSICIANS.

The *Puritan Recorder* is disposed to treat the threatened relation of these two professions with some humor as well as sense. It says:—

"Of late, however, there seem to be symptoms of unhealthy feeling on the part of the medical gentlemen. It is even rumored, that, in some of their Conventions and Societies, they are agitating the project of a breach of the peace with the ministers of the Gespel, because a few of these have soiled their cloth by patronizing and puffing some of the patent nostrums of the day. We have no apology to make for such unministerial conduct, which is highly indiscreet and reprehensible. But this we will say, that, for one respectable and educated clergyman who has stultified himself by being thus mixed up with quackery, at least an hundred have abhorred the contact of 'the unclean thing.'

Why should the whole body of ministers in regular standing, be made responsible for the errors and follies of a few of their brethren, who, in such matters, are under no ecclesiastical control? Have any of the ecclesiastical bodies, large or small, taken action in the premises. Has the General Association of Massachusetts recommended to the churches the use of Brandreth's Pills? Has the General Assembly of the Presbyterian Church (Old School), espoused the cause of Sand's Sarsaparilla; or has the New School Assembly taken up the claims of the rival syrup of Townsend? Have the Episcopal bishops given vogue to the big-bellied bottles of Mrs. Kidder's Cordial? Has the General Conference of the Methodist brethren endorsed for the virtues of the Thompsonian hot-drops? Is the American Unitarian Association responsible for Homeopathic doses in medicine as well as in religion? Or has the Baptist communion pledged itself to Hydropathy for any but spiritual purposes? If no such ecclesiastical absurdity has been perpetrated, why is an entire body of unoffending men charged with the extravagances of a few visionary or eccentric brethren, who have ignorantly misapplied their official influence to the suppor tof imposture?

Here we are bound to warn the gentlemen of the medi cal profession, that, if they declare war with the ministers on such grounds, they may yet be obliged to drink out of their own measure. We would inquire whether none of them have been known to patronize quack preachers, empirical reformers, and other religious Jack-puddings, who are vending their noxious nostrums in theology and morals, poisoning and stupifying the minds of the people, and spreading the ravages of spiritual death? Is it not a fact, that very many regular-bred physicians haunt the shops of the most notorious theological impostors, and go abroad to bring their pernicious wares into general use? And now what propriety would there be in preaching up a crusade on the part of the clergy against the physicians, as a class essentially radical and faithless?—*Prairie Herald.*

ARTICLE VI.

Suggestions on the Treatment of Eruptive Diseases of the Skin.—By J. Moore Nelligan, M. D., M. R. I. A., &c.

[Speaking of the chronic squamous diseases of the skin, and more particularly of psoriasis, Dr. Nelligan gives the following practical hints:—

Donavan's solution of the Hydriodate of Arsenic and Mercury has been extensively used in the treatment of this class of cutaneous eruptions. I must, however, confess that I am not partial to the employment of any mercurial preparation in their treatment, when they affect the body generally. The only local form of scaly disease in which I have found a mercurial useful, is in pityriasis, and in it I find the yellow Iodide of Mercury productive of the best results.

The Iodide of Arsenic has also been found a remedy of decided efficacy in the treatment of these affections; it was first generally employed by Dr. A. T. Thompson. My own experience leads me to place more reliance upon it than on any other preparation of Arsenic; but though I found it alone capable of curing many cases of psoriasis and lepra, I consider that its beneficial action is much augmented by combining it with Iodide of Potassium and Iodine.

On the importance of a milk diet, my experience leads me to the conclusion that an adherence to it is of the utmost consequence in cutaneous eruptions, except where they occur in cachetic or broken down constitutions, or are attended with ulcers, or profuse and weakening discharges.

Tepid baths of *fresh* water, twice or three times weekly, will be found an adjunct of much importance in the treatment of scaly eruptions; they tend to restore the natural secretions, and prevent the accumulation of scales. They are especially useful when much local irritation exists. I have tried various local applications, but my experience leads me to prefer the tepid bath.

[The mixture of Arsenic and Hydriodate of Potash alluded to, is made according to the following formula:—

℞. Liq. Arsenicalis, ʒij.
Syrup, Simp., ʒij.
Aquæ Dist., ʒss.
Potass. Iodide, ʒss.

Of this a dessert-spoonful is given three three times a-day in water. To this mixture, in inveterate cases, six grains of Iodine are added.]

ARTICLE VII.

Cure of Scabies by Inunction with Lard.—Dr. Bennett has confirmed the assertion made by some Italian physicians, that Sulphur ointment cures itch only in virtue of its oleaginous ingredent, which asyhyxiates the acarus by stopping up its spiracula. Four cases are given in which the disease disappeared by the simple use of hog's lard.—*Ed. Monthly Jour.*

ARTICLE VIII.

New Method of Treating Hooping-Cough.—By Dr. Eben. Watson.

[The author, before proceeding to mention his method of treating Hooping-Cough, alludes to the prevailing theories of the disease; he observes:]

There are four different views of the nature of the Hooping-Cough, each of which has had its advocates. According to one, it depends on inflammation of the brain and its membranes, from which the inflammation extends to the respiratory surfaces; while another class of pathologists maintain exactly the opposite—viz., that the inflammation originates in the bronchial membrane, and extends rapidly to the brain and medulla oblongata. A third theory is, that while the brain and medulla may be unaffected, the essence of the malady lies in a peculiar irritation of the trunks of the great nerves supplying the larynx, diaphragm, and stomach, viz., the pneumogastric and phrenic---without any bronchial inflammation necessarily existing at all. And the fourth theory is, that the poison of the Hooping-Cough first causes inflammation of the respiratory surfaces, and very speedily affects the nerves, so as to render the glottis peculiarly irritable.

This last-mentioned theory is substantially the one which I adopt, as being the simplest, and nearest to the truth. I believe that in a case of uncomplicated Hooping-Cough the morbid poison first inflames the mucous membrane lining the pharynx and the upper part of the larynx; that there the extreme branches of the sensory nerve, the superior laryngeal, become affected in some peculiar way which I shall not attempt to explain; and that, finally, the motor nerve, the recurrent laryngeal, is excited into reflex action. Hence the ordinary progress of the symptoms, which first resemble those of a common cold or slight bronchitis—differing, however, from the latter, in the absence of any constitutional or stethoscopic indications of inflamed bronchi, as well as in the periodic character of the cough. Along with this symptom may also be ranged certain peculiar pains of the throat and neck, which are often complained of, and seem to indicate the effect of the poison on the sensory nerve of these parts. Then follows the distinctive symptom of the affection—viz., the whoop, or drawback---which is produced by the excitement of the inferior laryngeal nerve and consequent spasm of the muscles of the glottis. Such are the symptoms which, in my opinion, are alone essential to Hooping-Cough. Few cases of that disease, however, proceed far on their course without another symptom—viz., vomiting, during, or towards the end of the paroxysms of coughing, which is doubtless caused by an extension of the morbid influence to the branches of the pneumogastric which supply the stomach.

[Viewing the disease, then, as essentially an inflammation of the pharyngo-laryngeal mucous membrane, with peculiar irritability of the glottis, it occurred to Dr. Watson, that an efficient remedy might be found in cauterization of the larynx, according to the plan of Dr. Horace Green. (See H. Y. A., vol. vi., p. 186.) He accordingly put it in practice in the following cases.]

"The first case in which I attempted it was that of a weakly boy, about eight years old, in whom the disease was already at its height. He had a severe paroysm of coughing regularly every quarter of an hour; he was already much debilitated, and in constant danger of having some serious lesion produced in his delicate lungs. From the first time that I applied the solution to the glottis, the severity of the cough was mitigated, and, after repeating the application every second day for about a week, he was found not to whoop at all. The boy then made a speedy and complete recovery of his ordinary strength, under the use of the Cod-Liver Oil.

"The sister of this patient was also seriously affected by the same disease, and the application of a solution of Caustic was likewise used in her case. But its effects were not so striking as in the other case, owing to the presence of lobular Pneumonia of the posterior part of the left lung. Nevertheless, the paroxysms of the Hooping-Cough diminished in frequency and in violence under its use; and after the Pneumonia had been subdued by pretty active measures, the child ultimately made a good recovery.

"My third case was that of about six years of age, in whom the disease had nearly passed without much treatment of any kind having been employed; but he still was harrassed with frequent and pretty violent fits of coughing; and when excited or frightened, he still had that mode of drawing in his breath, popularly known as "the drawback." Two or three applications of the solution to the glottis and larynx of this child were sufficient to accomplish a perfect cure of his symptoms; and a short sojourn in the country, with the use of a tonic, completed his restoration to health and vigor."

Dr. Watson has since treated, in a similar manner, several other cases, the results of which are equally favorable with those already mentioned. None of his patients continued to whoop more than eight or ten days after the solution of Caustic began to be applied to the glottis; and from the first of such applications, the mitigation was very marked. In some cases of children living in the same house with patients affected with Hooping-Cough, and who exhibited symptoms of the commencement of that disease, such as frequent fits of coughing, especially during the night, and when suddenly agitated, with absence of co-existing Fever, and of the physical signs of Bronchitis, &c., he has, by applying the solution of Caustic to their larynges, succeeded in dissipating the symptoms alluded to, and restoring the children to health.

The strength of the solution is grs. xv. to the ounce, applied every second day by means of whalebone tipped with sponge, at first to the pharynx only. The mode of doing this is essentially the same as by Dr. Horace Green, and need not be repeated.]—*Ranking's Abstract.*

ARTICLE IX.

On the Use of Tannin in Various Diseases.—By Dr. ALISON.

[The author states that he has, for six years, continually prescribed Tannin in various diseases, and has found it extremely efficacious. His remarks are arranged under the following heads:

1. History and property of Tannin. 2. Its physiological and therapeutical effects. 3. Modes of administration.

The first of these we omit; on the next division of his subject, the author observes:]

2. *Physiological and Therapeutical Effects of Tannic Acid.*—As an astringent, I have found Tannic Acid exceedingly efficacious, certainly as much so as any other agent, vegetable or mineral, that I ever employed. It has equalled the Salts of Lead, Copper, and Zinc, without producing any of those poisonous effects which are liable to follow the free use of the salts of the first two metals.

Internal Use.—In the *Chronic Bronchial Catarrh* of weakly and elderly persons, unconnected with disease of the heart or great blood-vessels, and attended with copious and debilitating expectoration, the administration of Tannic Acid by the mouth, in doses of one, two, and three grains, two or three times daily, has greatly and gradually abated the secretion, relieved the frequent cough, and improved the strength of the patient. In the second stage of *Pulmonary Consumption*—viz., that of softening, when Bronchial Catarrh has been present to a large extent, weakening the patient, causing frequent cough, and disturbing sleep, the same results have followed, and have greatly contributed to the comfort and welfare of the sufferer. But in pulmonary disease, the greatest amount of benefit has been obviously derived when large cavities have been present in the lungs, the walls of which have thrown out large quantities of purulent matter, occasionally mixed with blood. In such cases the discharge has been effectually controlled, and the rate of tear and wear of the system obviously restrained, without the induction of oppression or other evils.

In *Chronic Diarrhœa*, which had resisted the ordinary treatment by Chalk, Opium, and regulated diet, and was not dependent on obstructive disease of the heart or liver, Tannic Acid in a solid form, has proved of surprising efficacy. In cases of severe disease, depending on an irritable, weakly mucous membrane, I have not known of one failure; and of those examples connected with chronic inflammation and disorganization of the mucous membrane, only two proved beyond the influence of this remedy. These two cases occurred during the last Autumn, while Cholera was prevalent, and the disease of the mucous membrane was extensive. The complaint, in one of the examples, was of long standing, and the patient had been addicted to habits of intemperance. But it was not Tannic Acid only that failed; the Salts of Copper, Iron, Lead, and Zinc, proved to be of no more avail. In this form of disease, Tannic Acid was administered in the form of pill, in combination with Opium.

In *Leucorrhœa*, unconnected with inflammatory action, I have found Tannic Acid efficacious in restraining the discharge, and in increasing the strength of the patient. The aqueous solution, combined with a small proportion of dilute Nitric Acid, was the form usually employed in these examples of disease. In *Menorrhagia*, not dependent on a plethoric state of the system, or on local congestion, it was also serviceable, administered in the same form.

The excessive *sweating in Phthisis*, and in other diseases running on to a fatal termination has been usefully restrained by the use of Tannic Acid, combined with dilute Nitric

Acid; and the habitual cold damp upon the skin of soft, weakly constitutions, has been corrected by the same means. I have had no opportunity of testing the virtues of this remedy in the *Hemorrhagic Diathesis;* but I am strongly disposed to believe they would be very considerable, conjoined with other suitable means. I believe it would prove serviceable in *Albuminuria*, dependent on chronic disorganization of the kidney, and not associated with obstructive disease. When the egress of albumen results, as I believe it often does, in no small degree, from reduced tone and elasticity in the organ, and is not (as in a great majority of cases) a wholesome outlet necessary for the relief of the circulation, Tannic Acid offers the promise of benefit. Such a case, however, I have not lately met with, and consequently have not had an opportunity of testing the treatment.

Local Application.—In the form of aqueous solution, used as a gargle, Tannic Acid has been most useful in correcting relaxation of the throat. Sponginess and hemorrhage of the gums have been greatly controlled by a lotion of Tannic Acid, and by the application of dry powder. By this means loose teeth may be retained for a time, and the impediment to articulation thereby prevented, which would result from their removal.

In *Prolapsus Ani*, I have prescribed Tannic Acid, dissolved in water, as an injection. This remedy is particularly indicated when the disease is associated with great relaxation of the solids. Applied to *Hemorrhoidal Tumors*, free from inflammation, in the form of a fine powder, mixed with lard, it would doubtless prove more efficacious than galls, the usual remedy. It is assuredly due to the Tannic Acid which it contains, that Uva Ursi proves servicable in *Catarrhus Vesicæ.*

In *Gonorrhœa*, chronic, or about to become such Tannic Acid, applied externally, as a lotion, has proved serviceable. In the latter mode, it has induced no smarting, although the parts have been tender, and though it has been applied with little intermission for several days. It is as a *local* astringent that Tannic Acid produces the most obvious effects, as Dr. Garrod has remarked.

Of Tannic Acid as an astringent, I have merely further to say, that it is of special excellence as an external application to the skin, when such a remedy is required. I have found it of extraordinary efficacy when reduced to a fine powder, mixed with lard, and applied to the skin. The parts soon acquire a healthy aspect; very little of the smarting or pungency which so generally results from the use of the Salts of Alumina, Lead, Zinc, or Copper. I have found it far superior to Gallic Acid. By way of testing their comparative powers, I lately employed an ointment of Gallic Acid to one spot of psoriasis, and one of Tannic Acid to another. The strength of both was the same. The spots were of old date, and had resisted much treatment. In the course of two days, the spot to which Tannic Acid had been applied was all but healthy; that for which Gallic Acid had been similarly employed was more inflamed than before. The Gallic Acid had produced smarting, and brought away the protecting scales. This treatment was adopted merely to test the comparative powers of the two acids, and not as curative practice. Astringents, if they be applied in psoriasis, must be used only as subsidiary to other treatment.

As a peptic, Tannic Acid is very efficacious. This I soon found, while employing it as a pure astringent. Symptoms of Dyspepsia disappeared under its use; the appetite increased, flatus and sense of distension were abated at the same time; and in several instances the bowels, far from becoming constipated, acquiring a more healthy tone, actually became more free. A lady affected with Phthisis, who has been under my care for three years, during which time she has taken Tannic Acid alternately with Cod-Liver Oil, complained very lately of loss of appetite while taking the Oil. The morning dose of the Oil was replaced by Tannic Acid, combined with dilute Nitric Acid, and the result was a very striking restoration of the appetite. With such obvious improvement in the condition and action of the stomach, it is reasonable to believe that one of the results is the formation of a more perfect chyle. The action as a peptic is in accordance with the statement of one of the best writers on materia medica. Dr. Pereira says:—"Administered in moderate doses, they (astringents) promote the appetite, assist digestion," &c.—*Ranking's Abstract.*

ARTICLE X.

Too Early and Severe Mental Effort the Cause of Epilepsy in Children.—By W. M. CORNELL, M. D., of Boston, Mass.

There is often a wish among parents—perhaps a meritorious one,—to have their children bright and forward. The opening buds in the speaking countenance of the infant, as mental developement proceeds, are a source of the deepest interest. But it has been well said that "precocious children rarely make eminent men."

I protest against that system of education which attempts to make men and women, scholars and philosophers, of little children. This, in many places, seemed to be the design of the infant school system, so much in vogue a few years past. We were upon the eve of having *learned* children, of the age of five or six years: and the sage fathers, and good mothers, and maiden aunts, and teachers, seemed about to astonish the world by their prodigies. Many looked on with astonishment, and began to wonder what kind of men and women we were to have from *such* children. But they were soon relieved of their difficulty, for it proved that such "forward" children never, or rarely, if ever, lived to be men and women.

The mind of the child, which was urged forward thus prematurely, soon became jaded and lost its balance. Nervous disease soon supervened, and the pretty, little, bright and sprightly child, the idol of its fond parents, their "little pride," soon became the object of their solicitude, and deep and painful anxiety. The precocious intellect that even in youth could understand and read English, Latin, and French, to the admiration of all, so affected the body, that wonderful mechanism, as to overstretch those delicate strings, the nerves, and induce that worst and most to be dreaded of all irritations, *nervous*. The nervous excitement increased, and the bodily health began to fail. The bright flashes of thought, the sparkling witicisms of the pale and feeble little being, bursting from the overtasked intellect, called forth the loudest applause from inconsiderate friends and ignorant admirers.

The scene soon changed. The nervous spasms began.—The body, as the mind and nervous system were thus overburdened, craved more food as it was able to bear less. The twitchings and spasms increased, till by some extra mental effort, or sudden fright, or overloaded stomach, the spasm became the convulsion, and Epilepsy, with all its horrors, was apparent; and, in all probability, irretrievable *idiocy*, to cap this climax of a wrong education, lies before this innocent child.

This is only one of the forms in which this monstrous perversion of the laws of our being, manifests itself, and I have taken this view of it from the fact that it has been often brought before me, in all its horrors, during the last few years. Among the numerous causes of Epilepsy which have come under my notice, this has been a prolific one: and, I warn that fond but ambitious parent, who is anxious to see his child a genius, to beware of his course. He is planting a tree, which instead of furnishing him with a refreshing shade in his old age, will throw the poison of the bitterest reflection over the meridian of his life, in the blighted body and unhinged mind of his beloved child; and in augmenting, an hundred fold, the cares, anxieties and solicitude of the parent, thus "bowing down (much earlier than would otherwise be the case) his grey hairs with sorrow to the grave." He is sowing seed which will produce a harvest of sorrows. Better would it be for such children, if they never learned their letters.

This course with the child is wholly unnecessary. There is not the least possible need of it. The child may be one of the brightest men of his age, even though he be very backward and very dull in childhood. This was the case with Sir Isaac Newton in philosophy, Walter Scott in fiction, and Andrew Fuller, in polemics.

I have now under treatment for epileptic convulsions, several children where the disease was induced in the manner above described, and this fact has led me to furnish this brief and hasty sketch for your valuable journal. It is hoped it may do some good by admonishing parents, guardians and teachers against crowding upon the minds of children more than the God of nature designed they should bear.—*S. C. Med. Jour.*

ARTICLE XI.

A Case of Sciatica Successfully Treated with Chloroform.—By John B. Holmes, M. D., Philadelphia.

On the 17th of last October, Mrs. Scanlon, a poor woman seeking medical advice, called upon me. From a minute inquiry into her past and present life and sufferings, I gathered the following particulars: Mrs. Scanlon is a native of London—was born in the Winter of 1809. Her mother had five healthy children and three abortions; she was poor and compelled to labor hard at the wash-tub. Four years after the birth of Mrs. Scanlon, and immediately after her last abortion, she was attacked with a disease that baffled all efforts of the physician to either conquer or alleviate. This woman died in 1818, having suffered five years, during the last two of which she was bed-ridden. From the symptoms described by her daughter, and from other reasons which will hereafter appear, I believe she labored under Sciatica. A few years later, my patient removed to this country with the remainder of her mother's family, and at the age of 25 married. As time rolled on, she also became the mother of five healthy children, and, like her parent, unfortunately aborted three times. Then, and not till then, was her health impaired. Her system had received such a terrible shock as to incapacitate her for the duties of life, and cause her to pray not unfrequently for death. During the summer of 1848, her last pregnancy and abortion took place, after which she lay at the door of death nigh three weeks, and was ushered into this world again, as it were, but to suffer still greater torments. Since that time she has been tormented for fifteen months, first by Tic Doloureux and more recently by Sciatica. In this latter condition did she apply to me for aid and relief. I must confess that I was not a little surprised on comparing this, her story, with what appeared to me a picture of health, but such was nevertheless the case. And I am now thoroughly convinced that man may suffer cruel agony for months, nay years, without any inroad into the system that is appreciable..

Several physicians of this city attended Mrs. S. without affording her relief, or even mitigating her sufferings in the slightest degree. I commenced the treatment with the inhalation of Chloroform; but she had not applied the inhaler for more than one minute when she fell back, apparently dying, with the eyes turned upward, the pupils dilated, falling of the jaw, heaving and violent throbbing of the chest; but no inspiration or expiration resulted from the movement; her pulse was also imperceptible, and I soon found that spasm of the glottis had taken place. Instantly I threw cold water on her face, head and neck, and taking a bottle of Tinct. Camphor which lay upon the table, I poured a portion of the contents into her mouth, and held it to her nose. She soon commenced to revive, and in a short time I had the satisfaction of seeing her entirely relieved. A few days after this I administered 20 drops of Chloroform in ℥j. of Orgeat Syrup (which holds this preparation in admirable suspension) and found it productive of good. This dose was continued for 11 days, when I increased it to 25 drops. At the end of three weeks, finding her steadily improving. I thought it expedient to augment the dose still more, and boldly ordered 80 drops every two days. Seven weeks had elapsed since Mrs. S. had commenced the use of Chloroform, and so much relief was experienced that the medicine was discontinued. During the last two weeks of the above seven, she had but two attacks, lasting from 1 to 2 hours each. On the 10th of Dec., she called upon me and said her sufferings for twelve hours during the previous day had been great, and that she was then in pain. Recourse was had at once to Chloroform, and doses of 50 drops daily were continued a few days (five, I think). since which period she has been quite well, save a twinge or two during the damp weather of December and January.

Part 4.—Editorial.

ARTICLE I.

ANNUAL CIRCULARS OF MEDICAL COLLEGES,

The annual announcements for the next Course of Lectures of various medical schools are on our table.

In looking over these documents, one is forcibly struck with the uniform account of the great prosperity of each, and the superior advantages offered to students for acquiring a knowledge of medical science and the healing art. Nor do they generally fail to claim that the course of instruction given is thorough and *complete.* With this accumulated testimony from those who ought to know, what becomes of the complaints that have been ringing in our ears, from different parts of the country, in reference to the imperfections of medical schools? Certainly, if the pretensions of the colleges are just, the complaints are slanders.

But while the different schools are uniform in claiming to offer great facilities for instruction, and ability to teach, there are certain peculiarities in their pretensions, to which we would direct attention, by making a few extracts, which will give our readers some idea of medical college rhetoric.

In the "Report of the Medical Department of the University of Pennsylvania for the year 1850, by the Medical Faculty," we find the following language:—

"The vacancy thus created [by the resignation of Prof, Chapman], has with a wise regard to the interests of the school, been supplied by the appointment of Prof. Geo. B. Wood, the former eminent occupant of the chair of Materia Medica and Pharmacy. From the widely-spread reputation of Dr. Wood, as a medical writer and teacher; from the high sense, justly entertained, of his scientific attainments; and from his long connexion, as Prescribing Physician, with the

Pennsylvania Hospital, the Faculty have reason to be much pleased at his appointment; and feel well assured that his chair will be made signally effective. The Doctor is now on a visit to Europe, for the sole purpose of procuring such preparations, drawings, and other materials as may contribute to the value and usefulness of his lectures."

The announcement by the Trustees and Faculty of the Medical Department of the Iowa University, at Keokuk, a city of 3 or 4,000 inhabitants, gives the following .—

"In view of this arrangement [*i. e.*, an appropriation by the City Council for a hospital], the Department of Clinical Medicine has been added to the Chair of Pathology, filled since the organization of the College, by Professor Samuel G. Armor, whose abilities as a teacher are so extensively known. To those who have listened to Prof. Armor's able and interesting lectures on Special Pathology and Physical Diagnosis, nothing need be said of the wisdom of the cast. He will locate permanently in the city of Keokuk, and, aided by our eminent Professor of Theory and Practice, will make this department everything which the friends of Medical Science could wish."

The Annual Announcement of the Medical College of Ohio, begins an eulogy of nearly four pages on Professor Bell, as follows:—

"John Bell, M. D., of Phila., Professor elect of Theory and Practice, is well known, by reputation, to every physician in the United States; indeed, he is known as one of the most copious and able writers in our country, and justly ranks with the first medical men of the age. The following sketch of his medical career, will fully sustain his claims to the high position which he occupies.

"Dr. Bell pursued his preliminary medical studies in Va., and when just of age, received the Degree of Doctor of Medicine from the University of Pennsylvania, after he had attended the regular lectures required for the occasion. He went abroad immediately afterwards, and was absent four years: part of the time as a surgeon in vessels in the China trade, a part in attending the hospitals and lectures on practical subjects in France and Italy, and for a short period in England," &c.

The Announcement of Jefferson Medical College has the following:—

"After several years of great prosperity, the catalogue of students during the last session attained the number, unprecedented in the history of this or of any other institution in the country, of *five hundred and sixteen;* whilst that of the graduates was *two hundred and eleven.* So ready—as the Faculty have in former years remarked—is now the communication between the most distant portions of this wide-spread country, and so generally established is the position, that the great principles of medical science are the same everywhere, that the student, untrammelled by sectional prejudices, unhesitatingly goes in search of information wherever it is admitted that it can be best obtained.

In evidence of the prevalent and increasing feeling among the profession, that it is desirable for the student to visit Philadelphia for at least one session, it may be sufficient to glance at the number from other institutions who formed part of the class of the Jefferson Medical College during the last session. Of the five hundred and sixteen, *one hundred and sixty-two* were in this category."

The Circular of the University of St. Louis, says:—

"Indeed, considering the superior advantages and position of St. Louis, as compared with all other places in the West, its easy access from every direction and at all seasons, its unexampled increase in commerce and population, its extensive and well-filled hospitals, and abundance of Anatomical Material, few can deny that it is destined rapidly to become the seat of a great Medical School. Fully alive to these advantages, the Faculty are resolved to turn them to good account, and to spare no effort, which will advance the best interests of medical education, extend the usefulness of their Institution, and make St. Louis the medical, as she already is the commercial metropolis of the Great West. Linked as the school is with the rise and progress of a great and flourishing city, their mutual destiny is to a high and useful future."

The Announcement of the College of Physicians and Surgeons of New York city (old school), discourses as follows:—

"It is time, for the credit of our common country, that the necessity of visiting foreign schools and hospitals to complete a medical education should be done away with, and that our medical instructions should take their proper place, not as introductions to, or preparatives for, European education, but as, of themselves, and in themselves, complete and independent. Such a position, the Trustees of the College of Physicians and Surgeons have ever desired and designed to secure for the institution committed to their care, and to such a position they now believe it entitled, by its situation in the commercial metropolis of the country, by its connection with both the great hospitals of New York, in each of which its Professors have abundant opportunities of giving clinical instruction, and by the zeal and industry with which the Faculty strive to improve to the utmost their great advantages."

E.

ARTICLE II.

FREE MEDICAL SCHOOLS.

In a former number of the Journal, we promised to h
something further to say in reference to the question of f
medical teaching. Since that promise, we h

ral articles from the pen of Prof. Davis, defending his position against the criticisms of some of our contemporaries, and in the mean time we have been taking notes of the arguments, and observing the influences exerted by the discusssion.

At one time the idea of cheapening medical education was scouted as a thing not to be tolerated. And so long as college fees were only reduced by competition between rival medical schools underbidding each other, it is true, they deserved no credit for the good that was accomplished, and their motives attracted the attention of the profession, instead of the propriety and influence of the reduction. But since the proposition to bring medical instruction within the reach of all those who enter the profession has been discussed as an abstract principle, and a number of the ablest men in the profession have advocated its propriety, the odium that once attached to the idea has vanished, and the horror excited in the minds of some professors by the proposition to "cheapen medical education," has been followed by a very encouraging diminution in the price of their own tickets. Instance—the Medical College of Ohio in which the senior editor of the *Western Lancet* is a Professor, of whose fears for the respectability of the profession, if medical education should be cheapened, our readers have already heard, has actually reduced the price of the tickets of its professors from fifteen to twelve dollars each!! As showing still more plainly the tendency in the same quarter, we observe the *Lancet* says, in noticing the Circular of the Medical College of Evansville, that *ten* dollars a ticket is respectable!! Another—the Indiana Central Medical College has added another chair, without increasing the aggregate amount of its tickets, so that each professor now receives less than nine dollars a ticket, against ten dollars last year.

Even those who proposed, last Winter, to have the Faculty of Rush Medical College condemned by the American Medical Association, for taking the lead in the great reform of cheapening medical education, and others who proposed that the Association should take action upon the subject, must have materially changed their minds in reference to it, for notwith- ıding one of the most eloquent and powerful addresses be- the late meeting of that honorable body, by Prof. Davis, ocating the principle of cheap medical teaching, no action was proposed by any other member of that body in reference to it. And instead of condemning the Faculty, one of its members was elected a Vice-President of the Association.

Although in all propositions for advancement in any department of the policy of the country, there will be found "Old Hunkers," whose fixed and stereotyped notions, or whose interests, are disturbed by them, and who consequently condemn them, there is to be found, in the signs of the times, abundant evidence that this one, for rendering instruction to students of medicine more accessible is soon to become the general favorite of the medical profession. E.

ARTICLE III.

NEW MEDICAL PERIODICALS.

The New York Medical Gazette and Journal of Health.—Edited by D. Meredith Reese, M. D., LL. D.

We are in the receipt, regularly, of this new medical weekly, the sixth number of which is before us.

It keeps pace with medical matters as they transpire in and about the great metropolis and its vicinity, and pays especial attention to quackery in its various forms. But designe

It is, for a general, as well as a professional circu should think it would be hard to stear clear of difficulties, even with the learned Dr. Reese at the helm; for the general reader would very likely think what the profession would regard a palpable hit at the quack, as decidedly in his favor. And the idea of bringing up the popular intelligence to a standard in medical matters that shall enable people generally to see the true doctrine in medicine without giving each man, woman and child a thorough medical education is utopian in the extreme.

We hope the *Gazette* may find no reason to regret its mixed nature, in consequence of difficulties of this kind, and that it will have a long and prosperous career. A weekly medical journal in the city of New York, was a desideratum which we are glad to see supplied.

Southern Medical Reports.—Just as this number is going to press, we have received the first number of this work, and also the editor's explanation of the reason why it was not forwarded sooner, for both of which our thanks are due.

The work is printed in the best style, containing 472 octavo pages, and from the ability of the Editor and the importance of the subjects discussed, we have no doubt it is an exceedingly interesting and valuable publication. Our time has not, however, permitted a perusal of it, and we must defer a more extended notice to a future number.

The New Hampshire Journal of Medicine.—Edited by EDWARD H. PARKER, A. M., M. D., Aug. 1st, 1850. Concord, N. H.

The first number of a new journal with the above title is on our table. It is proposed to be issued monthly, 32 pages in each number, at the rate of one dollar per annum.

It is very neatly printed, and filled with interesting matter. In the salutatory address of the editor he says :—

> "As to our matter, we wish it to be distinctly understood, that we do not propose to spare ourself to such an extent as to depend upon extracts from other journals. Our hope is to

be furnished by the profession with reports of cases and other articles sufficient to fill our pages. But if we must seek for aid from other sources, it will be, as in our present article on Chlorosis and its treatment, by drawing from books not before made accessible to the profession. In this way we shall not furnish to any one a mere reprint of what he has already seen; for, though we do not expect to rival periodicals like the *London Lancet*, we will not be their copyist."

We wish the enterprise abundant success.

A prospectus has been issued for the publication of a medical journal at Keokuk, Iowa. It is be called the *Western Medico-Chirurgical Journal*, and will be issued in monthly numbers of 24 pages each, at $2 per annum, under the editorial charge of Professors Sanford and Armor.

We have seen notices in our exchanges saying that a new medical journal would be issued in Baltimore soon.

The *Transylvania Medical Journal* is hereafter to be published in Louisville, Ky.

Dr. Geo. Mendenhall has become one of the Editors of the *Western Lancet*. He enjoys a good reputation. E.

Summary of the Transactions of the College of Physicians of Philadelphia.

We are in the regular receipt of this valuable publication, in exchange, and esteem it as among the best on our list.

It gives a report, in full, of the papers read and cases orally reported to the Society, with the comments of members made upon them, so that reading the summary approximates in interest and instruction an attendance upon the sittings of one of the most learned and highly distinguished bodies of physicians in our country. E.

ARTICLE IV.

ILLINOIS GENERAL HOSPITAL OF THE LAKES.

This institution, which was chartered by the recent extra-session of the Illinois Legislature will go into full operation on the first of October next. It would have been opened much earlier, but for the difficulty of securing an appropriate building. This important object has now been accomplished, and the spacious edifice known as Tippecanoe Hall, situated in a central part of the city has been secured for its use. The most liberal arrangements will be made for the accommodation of patients, so that persons coming from a distance to submit to treatment may be assured of finding accommodations and care on moderate terms.

By the law incorporating the Hospital, the County Boards of the different Counties in the State are authorized to send cases to the Hospital, provided the charge shall be at the lowest possible price consistent with the care they receive.

The best medical attention will be secured to patients in the Hospital, free of charge.

The provisions of the charter are of the most liberal character, and the Board of Trustees are determined to carry out to the fullest extent the benevolent designs of the Legislature.

We understand a circular will shortly be issued by the Trustees, giving a full detail of its organization, together with the terms of admission, &c.

Thus has been commenced an institution which, we trust, with [illegible] smiles of an over-ruling Providence, is destined to a long career of usefulness in relieving sickness, pain and sorrow, and which will be a monument to the memory of those who contribute to its endowment and support, more honorable than the laurels of the conquerer. E.

ARTICLE V.

CHOLERA IN CHICAGO.

We clip from the *Daily Journal* the following statement of the total mortality, presuming that it is as nearly as possible correct:—

> "The total number of deaths in July, 240; total in August, 466.
>
> Deaths from Cholera from the 23d of June, the time when the epidemic made its appearance, to the first of August, 158; from the 1st of Aug. to 1st of Sept., 283, making a total of deaths by Cholera during the season, of 441.
>
> Thus the whole mortality of the city, from the 23d of June to the 1st. of September, a period of 69 days, is not far from 624, making an average of about nine per day, which, taking the population at 27,000, gives one death daily to every 3,000."

We hope hereafter to present a fuller report of the subject. The disease has now (Sept. 1st) almost totally disappeared.

M.

ARTICLE VI.

MISCELLANEOUS MEDICAL INTELLIGENCE.

Medical Appointments.—S. Hanbury Smith, late Professor of Practice, in Starling medical college, and Editor of the *Ohio Med. and Surg. Journal*, has been appointed Superintendent of the Ohio Lunatic Asylum, in place of the distinguished Dr. Awl, resigned.

Prof. S. M. Smith has been transferred from the chair of Materia Med. to that of Practice, vacated by the resignation of Prof. S. Hanbury Smith, in the Starling medical college, and Prof. Charles A. Lee, of New York, has succeeded to the chair thus vacated.

Dr. John Bell, of Philadelphia, one of the most distinguished authors of our country, has been appointed to the chair of Practice in the medical college of Ohio, resigned by Dr. Drake.

All the chairs in the medical college of Ohio were vacated by the Board of Trustees, after the resignation of Dr. Drake, and Drs. Mussey, Locke, Lawson and Shotwell were re-appointed, and Dr. Landon C. Rives was appointed to the chair of Obstetrics, &c., and Dr. T. O. Edwards to that of *M*ateria *M*edica.

Dr. Meeker has been appointed to the chair of Anatomy, and Dr. Deming to that of Special Pathology and Institutes of medicine, in Ind. Central medical college, at Indianapolis.

Prof. Geo. B. Wood has been transferred from the chair of materia medica to that of Practice, resigned by Prof. Chapman, in the University of Pennsylvania, and Dr. Joseph Carson is appointed to the chair thus vacated. These are excellent appointments.

The distinguished Dr. Mott resigned the chair of Surgery in the University of New York, on account of the election of Dr. Detmould to the chair of Practice, lately resigned by Dr. Dickson, whereupon Dr. Detmould also resigned. Profs. Gross and Bartlett, of the University of Louisville, Ky., have been appointed to these chairs, of course leaving two vacancies in the latter school. Dr. Dickson has been re-appointed to a chair in the medical college of South Carolina, at Charleston.

The department of Physiology has been transferred to the Chair of Anatomy in Rush medical college, and that of Clinical medicine instituted so that the chair occupied by Prof. Davis is Pathology and clinical medicine

Dr. E. N. Horsford, has been appointed to the chair of Chemistry in Harvard University. lately occupied by Prof. Webster.

Dr. James Bryan has been appointed to the chair of Institutes of medicine and medical Jurisprudence in the Philadelphia college of medicine.

Kinesipathy.—A new pathy has been invented by a Swede named Ling, under the not very euphonious name of Kinesipathy. It proposes to cure diseases by some kind of gymnastic exercises. It promises to rival Homeopathy, Hydropathy, Isopathy, &c.

The latest mode of raising the wind by a physician is said to be, by sending a crier through the streets with a drum to call attention, offering a large reward for a lost dog; on his return to Dr. ——, at his lodgings. The gossips will take the idea that the Doctor is rich and a great physician, and so his name and place will be advertised.

Dr. Bond, of Philadelphia, has invented an improvement of the Obstetrical Forceps, by which the branches are more readily locked, and while the clams may not be precisely opposite to and facing each other. It is a good idea.

M. *D*elioux lately read a paper before the French Academy of *M*edicine on the use of Chloroform as an anti-periodic in obstinate intermittent Fevers. He gives 30 or 40 drops in three doses, near together, so that the last shall be taken about three hours before the paroxysm is expected.

It is suggested by the *N. Y. Medical Gazette* that when doctors fight duels, the weapons used should be pills. We fear the suggestion will alarm its non-professional readers.

A new substitute for Quinine, called Quinoa, which is a plant cultivated in Peru, is proposed by Dr. Buckler, of Baltimore.

Sixty-nine gentlemen were graduated on the 19th of July last, by the Philadelphia college of medicine.

It is reported that Leibig, the distinguished chemist is about to visit the United States.

Kousso, a new remedy for tape-worm, is said by the *London Lancet* to be very efficient, so far as tried.

A tart controversy is going on between the *Western Journal of Medicine and Surgery*, and the *Transylvania Medical Journal*, in reference to the new medical school at Louisville. The former tries to show that this school has no legal existence; the latter that it has.

A fatal case of poisoning recently occurred in Boston, in consequence of an apothecary filling a prescription for 10 grains Calomel with Corrosive Sublimate. The apothecary has been arrested, and awaits a trial for manslaughter under bail of $5,000.

Paine's discovery that gas can be made cheap from water, is generally regarded as a hoax: as well as his new theory that water is a simple, and that oxygen and hydrogen gases are water combined with positive and negative electricity.

ARTICLE VII.

OBITUARY.

Died of Peritonitis, in Sacramento City, Cal., on the 14th of July last, Josiah B. Herrick: m. d., late Demonstrator of Anatomy in Rush Medical College, in the 29th year of his age.

Dr. Herrick was a young man of much promise. Endowed with a quick and philosspliical mind, a strong constitution, and with great energy and zeal in the prosecution of his designs, he had already a high reputation in the profession. His affability and kindness had secured to him a large circle of friends, who wlll mourn for his untimely fate.

—On the 14th of August, in Chicago, G. W. Wentworth, m. d.

—Died recently, at Cincinnati, O., John T. Shotwell, m. d., Professor of Anatomy in the Medical College of Ohio.

THE NORTH-WESTERN
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Part 1.—Original Communications.

CHAPTER III.—Continued.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1850.—By N. S. Davis, M. D., Prof. of Physiology and Pathology in Rush Medical College.

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ined before admission, by practitioners, themselves, without the intervention of any other class. In the following year 1807, an act was passed, making some further provisions for the internal organization of the State Society, and also prescribing a penalty of five dollars per month for practising without being authorized according to the act of the previous year. This penalty, however, was not to apply to persons using for the benefit of the sick any roots or herbs the growth of the United States. In May, 1812, the Legislature increased the foregoing penalty to twenty-five dollars for each offence, and required that all licenses in future should be deposited in the county clerk's office. In 1813, these several acts were revised and consolidated into one statute, and continued without alteration until 1818, when the Legislature passed an act increasing the term of study to four years.—But one year might be deducted, if the student had pursued classical studies that length of time after the age of sixteen years; or had attended a complete course of lectures delivered by each of the professors. on all the branches of medical science, in the medical colleges of this State or elsewhere.

In the following year another act was passed prohibiting the medical colleges from granting the degree of Doctor of Medicine to any students who had not fully complied with the requisitions of the act of 1818. The next law of importance enacted in this State was that passed by the Legislature in 1827. This leaves the term of study and the conditions for obtaining a license to practice essentially the same as before, but the twelfth section provided that "no person shall receive from the regents of the University a diploma conerring the Degree of Doctor of Medicine unless he shall have pursued the study of medical science for at least three years, after the age of sixteen, with some physician or surgeon duly authorized by law to practice his profession, and shall also have attended two complete courses of all the lectures delivered in an incorporated medical college, and have attended the last of such courses in the college, by which he shall be recommended for his degree." And section 20th declares, that no person under the age of twenty-one years, can be entitled to practice physic and surgery in this State. Another provision of this law required all regularly licensed physicians to file a copy of their license or diploma in the county clerk's office, and become members of the County Society in the county of their residence, before they were entitled to collect pay for their services.

Such are the essential features of the legislative enactments, adopted from time to time for the internal organization and regulation of the medical profession in the State of New York; and though exceedingly defective in many respects, they exerted a decided and beneficial influence over the great mass of the profession. The frequent contact with each other, and the mutual interchange of sentiments, which took place in the County Societies, soon led the practitioners to a more thorough knowledge of each other, and, consequently, to the adoption of by-laws and rules of ethics for their mutual government. This again led to a far more dignified and honorable intercourse with each other in private practice. The meetings of these Societies were occupied in the reading of essays, the relation of cases, and the discussion of topics connected with medical practice, and generally with the diseases of their own counties; and not few of the papers read at their meetings would do credit to any learned body. The Presidents of the Societies were also generally required to deliver an address at each anniversary meeting. Some of these were published either in pamphlet form or in the medical journals—some found their way into the transactions of the State Society, and all were not only interesting, but well calculated to excite a spirit of investigation, and divert the attention of practitioners from the petty jealousies of private competition to the study of medicine as a science.

In the early part of this period, the number of medical colleges in the Union were but few, and the degrees conferred by them much less sought after than at present; and hence many of the candidates for admission into the ranks of the profession were examined and licensed by the County Societies, and the fees derived from the granting of such licenses were in most cases devoted to the purchase of books to constitute a county library. By this means, the latest and best medical works were constantly being brought within the reach of every practitioner; and hence these libraries became powerful auxiliaries in the general diffusion of medical knowledge. The same ends were stil farther promoted by the action of the State Society, which was organized February 3d, 1807. Thus we find the Society at its first meeting directing each member "to present a geological and topographical description of the county in which he might practice, and

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*For a brief history of this Society, including the names of its officers from year to year, see the "U. S. Medical and Surgical Journal, vol. ii.; and also the published transactions.

also a history of such diseases as might prevail in his particular place of residence, etc." Accordingly, in the following year, we find reports in compliance with this direction, from no less than seven members, viz:—Dr. Alex. Sheldon, of Montgomery; Dr. David R. Arnell, of Orange; Dr. Wm. Wheeler, of Dutchess; Dr. John Stearns, of Saratoga; Dr. Hugh Henderson, of Jefferson; Dr. Horatio Powell, of Clinton, and Dr. Lyman Cook, of Westchester. At this second annual meeting (Feb., 1808), the Society presented to the profession still stronger inducements to engage in medical investigations, by offering three premiums, viz.:—a medal of the value of fifty dollars for the "best dissertation on the topography, geology, and mineralogy of any county in the State, together with the prevalent diseases in said county." Another of the value of twenty-five dollars for the second best dissertation on the same subject; and a third premium, consisting of a medal of the value of twenty-five dollars, for "the best dissertation on the causes, and best method of preventing and curing the typhus mitior, or low bilious fever, which prevailed in different counties of the State."

These offers called out several well written essays, and the first premium on the topography, etc., was awarded to Dr. John Stearns, of Saratoga county. The efforts to improve medical science, and elevate the character of the profession, thus early and actively commenced, have been continued with unremitting zeal by this Society until the present time. But though the influence of the State and County Societies has been highly beneficial to the profession, yet that influence has been in some measure counteracted by defects in the laws, and other circumstances, over which they had no control. Thus, while the law of 1812 increased the penalty for practicing without a license or diploma to twenty-five dollars for each offense, it was rendered almost entirely void in practice, by the proviso, "that it should not be so construed as to prevent any person from prescribing for the benefit of the sick, any roots, barks, or herbs, the growth and produce of the U.S."

Although the design of this provision was, undoubtedly, simply to shield nurses in their common practice of using simple domestic teas or infusious, in cases of sickness not considered sufficiently severe to require a physician, yet in practice it was made to cover every species of empiricism, it being only necessary to plead the use of indigenous remedies. Hence, although the statutes of New York have contained, apparently, strict prohibitory or protective laws in regard to medical practice for more than thirty years, those laws have been practically inoperative from their own defects, and cannot, therefore, be considered any practical test of the practical bility or impracticability of suppressing quackery by penal enactments. Another important defect in the laws regulating ting the education of the profession consisted in the entire omission of any standard of preliminary education as a reqnisite, before commencing the study of medicine. This defect not only existed in the laws regulating the profession, but equally so in the rules adopted by medical societies and colleges for granting the diploma; hence we have been, and still are, annually witnessing the ridiculous spectacle of young men, possessing the high and dignified title of Doctor of Medicine, conferred by instutions called colleges and universities, who are destitute of even a competent knowledge of English grammar. These facts sufficiently explain why, notwithstanding the existence of a good internal organization, and the united efforts of State and County Societies during a period of forty years, every species of qnackery still abounds in this State—they show, too, that the repeal of that part of the law prescribing a penalty of twenty-five dollars for practicing without a license or diploma, and also, that which renders the unlicensed incompetent to enforce payment for their services, which took place in 1844, was rather the repeal of an obsolete form than the removal of an operative law.

The medical laws of New Jersey were so amended in

1816 as to prohibit all unlicensed persons, who were not already engaged in practice, from entering on those duties in that State, under a penalty of twenty-five dollars for each offense. Such persons were also disqualified from collecting any compensation for medical services. But, instead of containing the neutralizing proviso which we have noticed in the laws of New York, it declared that, "this Act shall be so construed as to prevent all irregular bred pretenders to the healing art, under the names or titles of practical botanists, root or Indian doctors, or any other name or title, involving quackery of any species, from practicing their deceptions, and imposing on the ignorance and credulity of their fellow-citizens." Some unimportant alterations in the medical laws of this State were made by the Legislature in the years 1818, '23, '25, '30, '38; but the main features still remain in full force. And though the penal provisions against unlicensed practititioners are very seldom enforced; yet the influence of their State, and District or County Societies, has been most salutary in promoting friendly intercourse, stimulating investigation, and elevating the professional character. State and district medical Societies were organized at an early period in all the New England States. We have, in a previous chapter, mentioned the origin of those in Massachusetts, Connecticut, and New Hampshire. The Maine Medical Society was incorporated in 1821, and that of Rhode Island, in 1812. The regulations adopted in all these States were very similar. They all required the establishment of State or District Boards of Censors, for examining and licensing candidates to practice; also some degree of preliminary education, a term of medical study not less than three years, and the attainment of the age of 21 years. In Massachusets, Rhode Island, and New Hampshire, the Boards of Censors were unconnected with the medical colleges of those States; and the ws required all persons intending to commence practice, ether educated in those States or already licensed by the institutions of other States, to apply to some one of the Boards of Censors for a license before they were authorized to enforce payment for their services. In Connecticut and Maine, but one Board of Censors was established in each State, which was authorized to examine all candidates, whether for a license or the higher degree of M. D. These Boards are composed, in the one State of the Medical Faculty of Yale College, associated with an equal number of Censors appointed by the President and fellows of the Connecticut Medical Society, the President of the Society always being one of the number: and in the other, of the Medical Faculty of Bowdoin College, and an equal number of Censors chosen by the Maine Medical Society.

In January, 1822, the Medical Society of the State of Deleware was authorized, by an act of the Legislature, to appoint a Medical Board of Examiners, consisting of fifteen members, whose term of office was to continue five years; and who were directed to examine and license all candidates for admission into the profession in that State. The requisites for admission to an examination by such Board were, three year's study with some respectable practioner, the attendance on one full course of lectures in some medical college, and the attainment of twenty-one years of age. But graduates of respectable medical colleges were licensed on the exhibition of their diplomas, without an examination. The same penalties were enacted against unlicensed practitioners as in the State of Maryland. The Medical Society of the District of Columbia was incorporated by an act of Congress in 1819, with power to appoint a Board of Examiners, composed of five practitioners, whose duties and privileges were the same as those appointed by the Delaware Medical Society. And the same penalty was enacted against unlicensed and irregular practitioners. The States of S. Carolina, Georgia, Alabama, Mississippi, and Louisiana have all had laws of a similar character, for the regulation of medical education and practice.

In 1817, the Legislature of South Carolina enacted a law establishing two medical boards of examiners, one in Charleston and the other in Columbia. They were required to examine all applicants for permission to practice in that State, except such as had received a diploma from some medical college, and grant licenses to those they deemed qualified. And every one practicing without such license was liable to be indicted and fined in a sum not exceeding five hundred dollars, and imprisoned a term not exceeding two months. These regulations continued in force until 1838, when all restrictions and penalties were abolished by an act of the State Legislature. The act by which a fine of five hundred dollars was imposed on all who should practice physic in Georgia without a license from the board of physicians, was passed by the State Legislature in 1826, and continued in force until 1835, when it was repealed. In 1839, the examining board of physicians was re-organized, and again invested with power to examine applicants and grant licenses; but with the following proviso, which nullifies the whole act, viz.: "Provided nothing in the said revised act be so construed as to operate against the Thompsonian or Botanic practice, or any other practitioner of medicine in this State." It should also be mentioned that the Thompsonians have had for several years a regularly incorporated college in that State, with all the usual collegiate powers; but at present its existence appears to be merely nominal.

In Alabama, an act was passed in December, 1823, requiring the establishment of five boards of medical examiners in the State, each consisting of three members, elected by a joint vote of both houses of the State Legislature. Their powers and duties in regard to examining and licensing candidates were the same as those existing in South Carolina. The penalty for practicing without such license or a diploma from some medical college, was a sum not exceeding five hundred lars for each offense. But the examining boards were all abolished some eight or ten years since, which operated as a repeal of all law on the subject.

The medical laws of the state of Mississippi are coeval with the existence of the State itself. They provided for the establishment of three boards of examiners, appointed by the State Legislature. These boards were required to examine all candidates for permission to practice medicine and surgery in their respective districts, whether graduates of a medical college or not, and grant licenses to such as they found qualified. By an act passed in 1827, all licenses were required to be filed in the clerk's office of the county where the holder of said license should commence practice, within six months from the time of said commencement. All attempts to practice without procuring a license from one of the examining boards, and having it duly recorded in the clerk's office, was punishable by a fine not exceeding five hundred dollars, and imprisonment not exceeding six months. It was further made the duty of the county clerk to present a complete list of all licenses recorded in his office to the grand jury of each county court; and such grand jury were required to present to the court all such persons as, from their own knowledge, or from information given by others, were practicing physic or surgery without a license. In 1829, another act was passed by the Legislature, authorizing the establishment of [illegible] 'Medical Society of the State of Mississippi." These laws were very complete, and effectually accomplished the object for which they were designed. But when the State Constitution was revised in 1834, the several boards of examiners were omitted, which operated as a repeal of all restraints on the practice of medicine in that State; and though the State Medical Society has maintained its organization, yet, since the year 1834, there have been no legal provisions for discouraging quackery in any of its forms. The first laws relating to the practice of physic and surgery in Louisiana were passed in 1808. They were revised and amended in 1816--17-20.

In the latter year, two medical boards were established, one for each supreme judicial district in the State. These boards were composed of six members each, appointed by the governor, with the advice and consent of the Senate, with one apothecary attached to the board in the first district. These boards were to examine all applicants for license to practice in their respective districts, and license such as were found qualified; but such as had graduated at a respectable medical college were permitted to obtain a license on exhibiting their diploma, without an examination. The apothecary attached to the board in the first district, was to examine and license apothecaries, who were under the same regulations as practicing physicians. The penalties prescribed for violating the laws of this State, by practicing without a license, were a fine of one hundred dollars for the first offense; and for the second, a fine not exceeding two hundred dollars, and imprisonment not more than one year. The attorney-general was required to prosecute for all violations of the laws. The licenses were required to be filed in the parish or county-clerk's office. the same as in Mississippi. A State Medical Society was incorporated in Tennessee, in 1830, wiih a board of censors authorized to examine and license all persons who may present themselves for examination, touching their skill in the practice of medicine and surgery. No term of study, or other preliminary condition, is required of the applicant, except that he be twenty-one years of age, and of good moral character; and no penalties are provided against practicing without a license.

The Legislatures of Ohio, Indiana, and Michigan, have all passed laws incorporating State and County or District Medical Societies, with power to appoint censors, and license candidates to practice much the same as in New York. These laws also laid some moderate restrictions on unlicensed and irregular practitioners; but, as in most of the older states, all hese restrictions have been repealed within the last ten years, leaving the regularly organized societies to maintain the honor of the profession, and protect the interest of the community as best they could.

From the hasty glance we have now taken of medical legislation throughout the Union, it will be observed that during the first quarter of the nineteenth century, the legislatures of all the older states, except Pennsylvania, Virginia and North Carolina, enacted laws for the avowed purpose of protecting the citizens against the impositions of ignorance and empiricism, and of promoting medical science. That these were the real motives for enacting laws on this subject, and especially the first one named, that of protecting the citizens against imposition, is abundantly shown by the preambles and titles attached to the several acts themselves.

The idea of protecting the profession, or investing it with special privileges, seems to have been the discovery of a later period, as we shall see in the sequal. Again, the business of examining and licensing candidates for admission into the ranks of the profession, was not only uniformly committed to medical men, but, with very few exceptions, those men were also selected by the profession, or rather by regularly organized medical societies. Another important fact is, that during this period, medical societies were regularly organized in almost every state in the Union; hence the same effects that we have ascribed to the medical organization of New York, was felt to a greater or less extent throughout the whole Union. The intercourse between medical men was everywhere more dignified, medical intelligence was more rapidly and generally diffused, the importance of a good knowledge of anatomy, physiology, and chemistry, became better appreciated, and in the same proportion, medical colleges were more generally patronized, and medical literature cultivated.

Such were the legitimate and highly beneficial influences exerted by medical associations throughout the country. The number of graduates from medical colleges during the earlier part of this period was comparatively small, and in some of the states even those were obliged to procure licenses before entering into practice—far the larger share of those who entered the regular profession being examined and licensed by the boards of censors, appointed by state or district Medical Societies—a considerable fund was thus derived, which, in most instances, was appropriated, as in New York, to the support of the several societies, and the promotion of their legitimate objects;—holding thus, as it were, the keys of the profession, and aided, to some extent, by the funds derived from licenses, the medical organization of the several states and districts was actively and vigorously sustained.

The organization of Medical Societies throughout the Union also brought into beneficial action another powerful stimulant to human enterprise—viz., ambition. Every society, whether county, district, or state, must have its official stations, its posts of honor; and hence, every right-minded member of these societies would be so influenced in his conduct as to gain the esteem and confidence of his professional brethren, without which he could not hope to be honored by them. But while the internal organization of the profession was thus rapidly improving its character and influence, other agencies were brought into operation, some of which exerted a widely different effect, both on the profession and the community.

At the commencement of the period now under consideration, only about five hundred students were in attendance on the lectures in the four or five medical colleges then existing in the Union, and the whole number of graduates for the year 1807 did not exceed fifty. No sooner, however, did the study of anatomy, physiology, chemistry, etc., become better appreciated through the influences already detailed, than the students attending the colleges began rapidly to increase, and the number of colleges increased also. The small degree of prosperity which attended the Medical Department of Columbia College, led many members of the profession to use their influence to establish another college in that city. Accordingly the regents of the University of New York granted a charter for a new college in 1807, called the "College of Physicians and Surgeons of New York." This school was placed under the direction of a board of trustees, consisting of the whole medical society of the city and county of New York, and the degree of M. D. was conferred by the regents of the University of the State, on the recommendation of the trustees and faculty of the college. The first course of lectures was given in the winter of 1807--8, to a class of fifty-three students, and was continued regularly thereafter until the present time.

In 1810. the Medical Department of Columbia College was finally discontinued, leaving the College of Physicians and Surgeons the only one in the State, with a class of students numbering eighty-two. But instead of that rapid prosperity which the friends of the institution, and the regents of the University now anticipated, the very numerous board of trustees, being mostly medical practitioners in the immediate vicinity of the college, soon became distracted by opposing councils, and jealousies between them and the members of the faculty, which caused much difficulty, and greatly retarded both the prosperity of the college, and the progress of medicine, in that city.

The Medical Department of the University of Maryland, in Baltimore, was incorporated by the Legislature of that State in 1807, and was soon supplied with an able faculty, and has continued to enjoy a fair share of public confidence and prosperity until the present time.

In 1810, a medical department was attached to Yale College, at New Haven, but the first course of lectures was not delivered until the winter of 1813--11, since which time they have been regularly continued, the class usually numbering between fifty and one hundred, and the number of graduates from three to twenty-nine annually,

The next medical institution established in the country was at Fairfield, Herkimer County, New York, in 1812, called the "College of Physicians and Surgeons of the Western District." It was chartered by the regents of the State, with the same powers and duties as the College of Physicians and Surgeons of the city of New York. The degrees were conferred by the regents on the recommendation of the faculty and trustees of the college. The first course of lectures was given in the winter of 1813--14, to a class of thirty-three students. The course of this institution was marked by a uniform degree of prosperity until 1834, when the class numbered two hundred and seventeen. From this period it began gradually to decline, owing to the influence of neighboring schools, and in 1840 the whole faculty resigned their places, and no successors were appointed.

Two new colleges were established in 1818, one at Castleton, Vermont, called the "Vermont Academy of Medicine," and the other at Lexington, Kentucky, called the "Medical School of Transylvania University." The degrees of Castleton Medical College were conferred by Middlebury College until 1828, since which time they have been conferred by the college under its independent charter. The number of students in attendance have varied from twenty-four, in 1818, to one hundred and thirty, in 1836, and the number of graduates averaged about twenty-five annually. Since 1835, two courses of lectures have been given annually; one in the spring and another in the fall. The Transylvania Medical School rapidly attained a high degree of prosperity, the number of students averaging over two hundred annually, and the graduates varying from seven, in 1820, to eighty-three, in 1835.

The Medical College of Ohio was incorporated in 1819, located at Cincinnati, and has continued with a fair share of prosperity until the present time.

In the following year, the Medical School of Maine was established at Brunswick, in connection with Bowdoin College. The first course of lectures was delivered in 1821, to a class of twenty-one students, while in 1836 the number had increased to one hundred, and the number of graduates to twenty-seven. The medical school attached to Brown University, at Providence, Rhode Island, was established in 1821, but was discontinued after a few years. In the year following, the Medical School of the University of Vermont was commenced at Burlington, but was also discontinued previous to 1840. The Berkshire Medical School was established at Pittsfield, Massachusetts, in 1823, and has continued its annual courses of lectures to classes varying from seventy-three to one hundred and seventeen, until the present time.

The next medical college established in the country was at Charleston, South Carolina, in 1824, called the "Medical College of South Carolina." This school appears to have been under the control of the Medical Society of the State, and enjoyed a fair share of public patronage until dissensions arose between the faculty and the governing body, which caused the former to resign their places in 1832. Their places were immediately filled, and the annual courses of instruction continued, but to a greatly reduced class for several years. In the meantime, the professers who had resigned obtained from the State Legislature, in 1833, a charter for another school in the same city, called the "Medical College of the State of South Carolina." The first class attending the new college in the winter of 1833--4, numbered one hundred and three, and the school seems to have sustained a fair degree of prosperity up to the present period. During the year 1824, another school of medicine was also established in Philadelphia, called the "Jefferson Medical College." But the first course of lectures was given in the winter of 1825--6, to a class of one hundred and ten students. It has since acquired a degree of popularity, second only to that of the University of Pennsylvania, so long established in the same city.

In 1825, two other colleges were established, viz.—the Medical School of Columbian College, in the District of Columbia, and the Medical School of the University of Virginia, at Charlottsville. The organization of this latter school is somewhat peculiar. Its periods of instruction continue through ten months of each year, and all the branches are taught by three professors, in much the same manner as other sciences are taught in collegiate institutions. The number of medical students in attendance, in 1835--6, was sixty-three. The Washington Medical College was established at Baltimore, Maryland, in 1827, its degrees being conferred by Washington College, in Pennsylvania until 1833, when it obtained a regular charter from the Legislature of Maryland. In 1834, the number of graduates was only ten, and in 1838--9, the whole number of students was fifty-three.

The next medical institution was the "Medical College of Georgia," located at Augusta, and incorporated in 1830. The first course of lectures, however, was not given until the winter of 1832--3, when twenty-seven students were in attendance.

In 1834, the Willoughby University, at Willoughby, Ohio, was incorporated, and supplied with a medical faculty, who gave their first course of lectures in the winter of 1835--6 to a class of twenty-three students. It enjoyed a moderate degree of prosperity until the year 1847, when the medical department was transferred to Columbus, and re-organized under the name of the "Starling Medical College," in honor of Lyne Starling, who made the very liberal donation of thirty thousand dollars for the benefit of the institution, and five thousand dollars more for the establishment of an hospital.

During the year 1835, no less than four medical schools were added to the number already established in the Union, viz.—the Medical College of Louisiana, at New Orleans; the Medical Institution of Geneva College, at Geneva, New York; the Medical Department of Cincinnati College, at Cincinnati, Ohio; and the Vermont Medical School at Woodstock, Vermont. The Louisville Medical Institute, at Louisville, Kentucky, and the Medical Faculty of the University of the City of New York, were established in 1837, and the Medical Department of Hampden Sidney College, at Richmond, Virginia, in 1838. In the following year, still two more were added, viz.—the Albany Medical College at Albany, New York, and the Medical Department of Pennsylvania College, at Philadelphia.

During the period intervening between 1840 and the present time (1850), no less than thirteen new medical colleges have been established, viz.—two at St. Louis, Missouri, called the University of Missouri, and the St. Louis University; one at Chicago, Illinois, called the Rush Medical College; one at Cleveland, Ohio, called the Western Reserve College; one in Indiana, called the Indiana Medical College, located at La Porte; two in Philadelphia, called the Philadelphia College of Medicine, and the Franklin Medical College; one at Buffalo, New York, called the Medical Department of the University of Buffalo; one at Memphis, Tennessee, called the Memphis Medical College; one at Evansville, and another at Indianapolis, in Indiana; one at Davenport, Iowa, called the College of Physicians and Surgeons of the Upper Mississippi; and one in Michigan, located at Ann Arbor, being a department of the University of that State.

Of the forty-three medical colleges which have thus been organized, we believe that seven have been wholly discontinued, while others have merely changed their names or localities, leaving thirty-six now in active operation in the United States. Of these, seven are in the eastern or New England States, nine in the middle, seven in the southern, and thirteen in the western. It will be noticed that only six medical colleges were organized prior to 1810, five between 1810 and 1820, eight between 1820 and 1830, eleven between 1830 and 1840, and thirteen between 1840 and 1850. The number of students in attendance on the several colleges, at each period of ten years, may be stated as follows, together with the number of graduates, viz,:

WHOLE NUMBER OF STUDENTS.		GRADUATES.	
In 1810	650	In 1810	100
" 1820	964	" 1820	181
" 1830	2125	" 1830	597
" 1840	2800	" 1840	775
" 1850	4500	" 1850	1300

These numbers are not claimed as entirely accurate, owing to the difficulty of obtaining complete and reliable information on the subject; but they are sufficiently so for all the purposes of comparison. They illustrate very clearly what we have already stated when detailing the organization of medical societies, viz., that the medical colleges were patronized just in proportion as the importance of the fundamental branches of medical science became better and more universally appreciated, through the medium of such societies. Thus, during the ten years following 1820, a period when the medical societies of most of the states were in their most active and influential state, the number of students attending the medical schools were more than doubled, and the number of graduates increased threefold. It is a fact also worthy of notice, that the number of graduates has been constantly increasing faster than the whole number of students. Thus, in 1810, the ratio of graduates to the whole number of students attending the schools, was 1 to 6, 5; in 1820, 1 to 5, 3; in 1830, 1 to 3, 5; in 1840, 1 to 3, 6; in 1850, 1 to 3, 4.

But this exceedingly rapid increase in the number of students who resort to the medical colleges, and the number taking degrees, by no means indicate an equally rapid increase in the whole number of those pursuing the study of medicine. For, it must be remembered, that medical examiners had been appointed in a large majority of the states in connection with their social organization; and, during the first quarter of the present century, a much larger number of students were probably examined and admitted by these numerous boards of examiners than by the colleges. But a large majority of the states having made the college diploma a legal admission into the profession, with all its rights and privileges, it soon became the paramount object of the student's pursuit. This, together with the absence of all preliminary requisites in regard to general education, and the many facilities afforded by the rapid multiplication, and consequent competition of the colleges with each other, caused the licenses from local examining boards to be comparatively neglected. Thus, in 1820, only thirty-eight students received the degree of M. D. from the medical colleges of the State of New York, while three times that number were examined and licensed by the censors of the state and county societies. In 1830, the graduates from the medical colleges of the same state numbered fifty-six, those licensed by the censors of the state society, seventeen, and probably one hundred more by the numerous county boards. While, in 1846, the whole number of graduates in the state was two hundred and forty-six. the number licensed by the censors of the state society was only three, and those reported by the county societies, five. Although it is quite probable that a few were licensed by the county societies who were not reported to the state society, yet the whole number for two or three years previous had not averaged ten annually. The effects of this rapid change were twofold, The local societies being gradually deprived of the funds derived from granting licenses, soon found their libraries neglected, and their regular meetings diminishing both in interest and in the numbers in attendance. This gave rise to a general feeling of indifference on the part of the profession, during the prevalence of which many local societies ceased to maintain an active existence; and whatever laws for restraining quackery had been enacted by the legislatures of the several states, were, with very few exceptions, repealed. While, on the other hand, the great increase of patronage bestowed on the medical schools, literally begot a mania for college making. And this mania was rendered still more intense by the regulations almost universally adopted as requisites both for graduation and license. These gave no credit for any courses of instruction, however extensive and complete, except such as should be delivered in a regularly-established college. Hence, every professional man who became ambitious of distinction as a teacher, sought a professorship in some college as the only position in which that ambition could be gratified. And as there are always more such men than there are places for them to fill, the constant and inevitable tendency is to the creation of more places. If the State Legislature, to whom application is made for an act of incorporation, happens to be so stupid as not to perceive the necessity of establishing a new school, a bargain is soon struck with some literary college, already possessing the right to confer degrees, to furnish the necessary diplomas, and straightway a new medical college, with all the usual honors and privileges, springs into existence. To so great an extent has this spirit been carried, that scarcely a single year has passed since 1830, without witnessing the birth of one or more of these institutions. If the standard of preliminary education had been elevated, and the requisites for graduation increased in proportion to the multiplication of schools, no evils would have resulted to the profession or the community; but, there being practically no standard of preliminary education, and the professors, with only two or three exceptions, being the sole judges of the student's qualifications, the addition of every new college only served to increase the competition, and add to the facilities for obtaining diplomas. Indeed, to such an extent has this spirit and practice been carried, that any young man can obtain the once high and honorable title of M. D. for a less expenditure of time and labor than it takes to obtain the primary literary title of A. B.

It is true that the professors in many of the colleges would gladly have stayed this tendency of things; but it was not in their power. Hence, with only two or three recent exceptions, eight months' attendance on a medical college—three years' study, including the eight months—twenty-one years of age—and a thesis on some medical subject, constitute, practically, all the qualifications required of the candidate for medical honors, previous to his examination.

If we contrast these with the qualifications required in other countries, or with those originally required by the founders of the old school in Philadelphia, we shall cease to be surprised either at the crowded state of the profession, or at the heterogenous mixture of all grades, characters, and degrees of attainment which it presents. The impossibility of any faculty of five or six professors doing anything like justice to the whole field of medical science in the short space of four months to say nothing of the perfect absurdity of attempting to crowd any amount of material so vast and varied on the mind of the student in so short a space of time, early attracted the attention of many enlightened members of the profession, among whom were some of the ablest professors connected with our schools. Hence, attempts were made from time to time to extend the courses of college instruction, and elevate the standard of medical attainments; but so rapid was the increase of new schools, and so active the rivalship, that every attempt to produce concert of action among the schools of even a limited number of states proved abortive. We believe the earliest of these efforts were made by the colleges of New England, some of whom, in good faith, carried into practice an agreement to extend their courses of instruction; but others, wholly neglecting the movement, soon induced all to return to the former limits.

In 1835, the faculty connected with the Medical College of Georgia called the attention of their professional brethren to the same subject; and, both by correspondence and through the columns of the *Southern Medical and Surgical Journal*, urged the propriety of a national convention of delegates from all the colleges, not only to agree upon a longer term of instruction, but also upon a higher standard of medical education. These efforts were favorably responded to by a large proportion of the colleges then existing, but the time and place for holding the convention was left to the medical faculty of the University of Pennsylvania, who, by declining to

[See page 501.]

ARTICLE I.

Electro Galvanism.—A paper read before the Æsculapean Society, by THOS. D. WASHBURN, M.D., of Grayville, Ill., ordered to be published by the Society.

Among the many innovations which have quietly forced themselves into the confidence of the profession, I know of no one presenting stronger claims to our consideration than that of Galvanism, or Electro-Magnetism.

1st, From its *efficacy* as a medical agent.

2d, Because it reaches a variety of cases hitherto almost irremediable, and many of the most painful nature to the patients, and harrassing to the medical attendant.

3d, Because of its eligibility of application.

It is some half century since Galvanism was first discovered; its application to medicine is of much more recent date. About twenty-five years since, it began to attract general attention, and numerous experiments began to be instituted and new features, laws, and phenomena, have continued to be developed up to the present time.

It will hardly be worth while now to trace the many and various experiments by which it has arisen from a strange mystery to a beautiful science; our object is to show its influence on the vital system, and its value as a therapeutic agent.

"The galvanic current when brought to act upon the living body is capable of producing three orders of effects.

"1st, It produces peculiar sensations.

"2d, It determines muscular contractions.

"3d, It is supposed to influence the organs of secretion."

It matters not whether the galvanic current is applied directly to the muscle or part through which you wish to transmit it, or only to the *nerve*, which supplies the part, the effect is about the same: but it should be borne in mind, in reference to the influence of galvanism on the muscular system, that a shock is felt and convulsions produced, not only when the circuit is completed, but also at the moment when it is broken, and during the *maintenance* of the circuit these effects are *not* perceived.

Here it may be well to mention the comparative value of the two agents, Electricity and Galvanism. "The discharge of a Leyden jar and a Galvanic battery produce sensations so similar as to render it probable that they affect the living body in the same way." But Dr Bardsley and Mr. Donovan, of Dublin, contend that Galvanism is much the most efficient agent, and conceive it acts more deeply within the organs, while Electricity acts more superficially; and at the school of medicine, in Paris, the commission which reported on the subject, found reason to conclude that the "effects of the battery penetrate and effect the nervous and muscular structures more deeply than ordinary electric machines;" at any rate the Galvanic battery possesses advantages which will always give it preference.

1st, The quantity of Electricity it sets in motion is vastly greater, and yet, at the same time can be graduated to a minimum dose with perfect ease.

2d, You can apply it with facility to any part or organ, without affecting the whole body, as for instance in partial paralysis, aphonia, amaurosis, and deafness.

3d, You can bring it into action in all weathers without diminishing its power.

In regard to the effect of Galvanism on the secreting organs, some interesting experiments were made by Dr. Wilson Phillip, which I will mention. "The par vagum, or eighth pair of nerves, which are chiefly distributed to the stomach and lungs, were divided in the necks of several rabbits shortly after having fed on parsely. Their respiration was thus rendered laborious, nausea and fruitless attempts at vomiting supervened and the animals finally died, apparently of suffocation. Upon opening their stomachs, also, the parsely was found quite unaltered, from which he concluded that the secretion of the gastric juice had been suspended.

"The same experiment was then performed on other rabbits, with this difference, that galvanic currents were sent to the stomach by applying one of the poles of a small pile to a slip of tin foil wound round the lower ends of the divided nerves, and the other pole to a disc of silver laid upon the epigastrium. In all these cases dyspnoea and tendency to vomiting were wanting, and the animals being killed, after the currents had been continued for twenty-six hours, the parsley was found perfectly digested, and the stomach of each exhaled the odor peculiar to this organ during digestion." From experiments such as these, Dr. Phillip justly concludes that the secretion of the gastric juice was under the control of the nervous influence; but whether this is identical with the power generated by galvanic combination perhaps has not been sufficiently proven. Some have even gone so far as to affirm, that the nervous fluid was not only identical with galvanism, but that "animal heat was generated by currents of electricity ever circulating through the arterial branches of the sanguiferous system;" but the demonstrations of Liebig, I think, must for ever settle the question of animal heat.

Previous to the introduction of the modern Electro-Galvanic machine, Prevost and Dumas suggested the galvanic pile for for the purpose of breaking down the material which compose urinary calculi, but their experiments though partially successful were so difficult of practical application that other mechanical means have taken the place of it.

The next application was in the treatment of Asphyxia, whether proceeding from strangulation, drowning, narcotic poisons, the inhalation of noxious gases, or simple concussion of the cerebral system.

In all these cases the interrupted current is the proper one, and should be transmitted along the course of the nerves. M. Goudret was among the first to direct attention to this point by certain experiments on animals. "A Rabbit which had been to all appearance killed by a few blows on the head, was perfectly recovered by a succession of shocks continued for half an hour. Similar experiments were also performed by Mr. Apjohn. and Magendie states that himself, Pouillet and Roulin had repeatedly succeeded in recovering by means of the pile, rabbits asphyxiated by submersion in water for more than a quarter of an hour, and adds the important remark that *patience* on the part of the operator is particularly indispensable, inasmuch as in cases finally successful reanimation was often not achieved for full thirty minutes.

It is highly probable that it would be equally successful in cases of narcotic poison. But I must not forget to make a distinction pointed out by Mr. Apjohn in his able article in the Cyclopedia of Practical Medicine, on the subject, viz.: that Galvanism, flowing in a continuous current, produces a condition on the part or system, opposite to that generated by the interrupted current; the former acting as a sedative and producing relaxation; the latter as a stimulant and tonic. The former should be transmitted along the nerves in a direction *contrary* to their ramifications, the latter *with* the *course* of the nerves. Some discrimination is consequently necessary in appropriating the one or the other according to the character of the disease.

In cases of Tetanus, Epilepsy, and some forms of Neuralgia and Asthma, the continued current is the one indicated, while Asphyxia, Paralysis, Chronic Rheumatism, and other affections, the result of debility or want of power, will receive most benefit from the stimulus of broken currents.

The Electro-Galvanic or Electro-Magnetic machines, as they are termed, which have become one of the essentials to the complete outfit of a Drug establishment, are all supplied with a vibrating or revolving armature, which breaks the current and produces by its alternate action a succession of shocks; but the more common way of using the continuous current has been to place some moistened bits of sponge or linen where you wish to transmit the current, and cover one with a disc of silver, the other with copper, and unite the two points [illegible] a copper wire, or the galvanic trough may be used and connected to these points by the same discs.

In part 18th of Braithwaite, we find a communication by Surgeon Wells, who witnessed the administration of Galvanism at the Civil Hospital of Corfu. He describes the apparatus as consisting of an "oval plate of zinc from 2 to 4 inches in diameter, to the back of which a flexible wire of pure silver is soldered, and at the other extremity of this wire a plate of pure silver of the same size; the length of the wire is unimportant, varying according to the distance of the plates."

With this apparatus Ulcers, Fistulæ, fungous growths, and certain nervous diseases, were successfully treated. Some dozen rules are given for its application, for which I shall have to refer the curious to his article.

The ordinary machine of the shops, sold for medical purposes, is made up of a battery consisting of a cylinder cup of copper some 4 inches in diameter and some 6 or 6 inches in height, within which is placed a cylinder of zinc kept from contact with the copper by two small wooden ears; attached to each cylinder is a *small* metal cup, in which the connecting wires are inserted and, passing to similar cups on the base board, connect with a helix (a large coil of insulated wire) in which is placed a piston of soft iron rods, which, by moving in or out, regulates the force of the shock. The helix is also connected to an upright magnet wound with insulated wire, upon which the armature plays. A strong solution of sulphate of copper placed in the cylinders after the connexions are made with the metal cups, generally starts the machine in a few minutes, and it is ready for application. The helix is usually surmounted with a grooved piece of metal, and if one of the connecting wires is taken from the base board and passed over this, a slow, heavy shock is given.

A good Battery with the necessary apparatus can be purchased at the East for $10, giving shocks as severe as a strong sound man can withstand.

There are other more complicated machines which sell from $20 to $25.

With the action and use of these machines I have been familiar for the last six years, and have seen them applied in various cases; in some with marked benefit, in others with decided success, and in no case have I ever known it prove deleterious, though I think there are cases which might be aggravated by its application.

Of the class of diseases in which Electro-Galvanism has been found most serviceable, that of paralysis is perhaps the most prominent, and even here it must not be applied indiscriminately; in a recent case of Hemiplegia, the result of extravasation or effusion, the immediate application of this agent would be injurious, while after absorption had taken place in part or full and the nervous system remains paralyzed from disease, the stimulus by the machine would be highly useful in restoring the nervous energy and imparting tone to the affected part.

All cases of Paralysis, the result of organic disease either in the brain, spinal column, or ganglionic system, would not probably be improved by the excitement of Galvanism; but those of a purely functional kind, as general or local Paralysis, arising from exposure to cold, absorption of lead or other poisons, want of nutrition, and the sequelæ of violent and protracted disease, these and some varieties of deafness and amaurosis would be essentially benefited by the proper application of Electro-Magnetism.

Nor are these cures performed by any *magic* influence, or any *unseen* and *mysterious* agent, shut out from all approach to science and reason. The merest tyro can ascribe a satisfactory explanation of the "modus operandi." The Galvanism traveling along the nerves excites muscular contraction, this increases the circulation, determines more arterial blood and through *it* imparts warmth, health and vigor to the part.

In the 14th No. of "Braithwaite," Dr. Golding Bird reports some half dozen cases of different forms of Paralysis treated by Electro-Galvanism with remarkable success, and at the close of the article adds, "In the great majority of forms of Palsy above described, it is indubitably, in some, the actual curative agent; in all, it expedites and aids the cure; in none is it injurious."

Mr. J. C. Christophers, in the *Lancet* of '48, narrates several cases of interest, two of which I take the liberty of introducing to your notice. The first was a case "of Chronic Rheumatism of three years' duration, and of most intractable character, the patient having undergone long courses of medical treatment, besides sea-bathing and Homœopathic treatment. First, says he, I passed a current down the spine for half an hour or longer, then from the hand to the spine an hour. At the end of a few weeks she began to experience a feeling of warmth in the hands, and their strength gradually returned, so that by degrees she resumed her labors, continuing the Galvanism daily as before. Her hands have almost, if not quite, acquired their former power, (the dislocation of course remains) though she is still under treatment for the feeble condition of her ankles and knees, and is galvanized three times a week with increasing benefit to both.

"Last winter this patient was confined entirely to her bed, this winter she has not kept her bed a day; moreover regularly followed her occupation (that of Laundress) through a very severe sea[illegible], and surrounded by circumstances eminently tending to produce an accession of the disease."

Case 2d, "A fine well made man, in the prime of life, was attacked some years since, with severe pain about the hip joint, extending to the knee, which was at first treated as rheumatic by drugs, counter irritants, &c., and by the introduction of needles at short intervals from the hip down to the knee.

No benefit was thence derived, and he was obliged to throw up his employment. He consulted several practitioners, without obtaining relief, and amongst others myself. He complained of great pain in the buttock and knee joint.

The affected limb was two inches shorter than the other, much less in circumference, flabby and cold; the power of motion was perfect, though sensation was evidently impaired. Here was another intractable case, in which a host of remedies had been tried without success; still there were circumstances about it that induced me to add Electro-Galvanism to the number, and with these results,—that the pain gradually decreased, and the limb regained its size, strength, firmness and temperature, and that the patient is now able to earn his living by following his occupation."

The chronic character of these cases, and their obstinate resistance to treatment, render them unusually instructive. Other cases could be mentioned; several have fallen under my own observation, and I have been able, with these means, to restore a paralyzed limb, and greatly to alleviate cases of Chronic Rheumatism. But I must pass to other features of disease where Galvanism has proved itself one of the most efficient and successful agents in our power. I refer to the class of Uterine Affections. Next to Paralysis, I know of no family of disease which baffles all the resources of medical art, and all the skill of consummate wisdom, more than the class before us. To be thrown, in a moment of time, under all the dread responsibility of preserving human life in one of its most interesting and fearful periods—that of parturition—to feel that a slight omission or a trifling commission, or nature herself, may place our patient in jeopardy which human power cannot control, brings a shudder over the stoutest heart.

In such an emergency, we hail with delight any means that promises to extricate us from even a possible dilemma, and no *one* item, I believe, has proved more of a specific than Electro-Galvinism for many conditions and disorders of the uterine system.

In inertia of the womb, either before labor, when the vital fluid is steadily passing away, or after labor, when life's flood-gates seem to have been opened, and the blood gushes in torrents, nothing has ever been found to check this condition, to close up these living streams, and produce tonic and periodic contraction of this organ like the agent of which I speak.

Take another condition—one enfeebled by lucorrhœal discharge, brought on by prolapsus, extending a miserable existence, exsanguinated, depressed, and irritable, I believe there is no panacea, no iron tonic or bitter specific, no pessary or supporter able to restore the lost vigor and enfeebled condition, like the wholesome stimulus of Galvanism.

So, too, in Amenorhœa, or suppression, you find young women whose friends talk of their going into a decline; the rosebud of health has been exchanged for the pallid, listless, tallowy look of Chlorosis, but a few shocks from the galvanic battery, at the appropriate time, along the nerves distributed to this organ, will do more to set the course of nature right, and mantle the cheek again with crimson, than the best assortment of drugs most assiduously applied for a twelvemonth.

Do you ask again why this wonderful effect is produced in these cases? Because you strike at the seat of difficulty. You go to work at the cause; and having restored tone and function to the organ which occasioned the mischief, a state of health ensues. I know not why more of these cases have not been reported in the journals, but I was told at the dispensaries in New York city, that it was common for young women, emigrants, after a long sea voyage, to be troubled with suppression, and nothing had ever succeeded in removing the same, like Electro-Magnetism. I have used it and known of its application in several cases, and always with good results.

In part 13, of Braithwaite, I think, Mr. Dorsington relates three cases of Uterine Inertia, and sums up as follows :—

"That it is a very powerful remedy, there can be no doubt in the minds of those who have seen it tried, and that the uterus will respond to its application, whilst the general system is completely prostrated, is equally certain."

At the Rotunda Lying-in Hospital, Dublin, Mr. Clarke reports two cases of lingering labor from Uterine Inertia, in one of which the membranes had been ruptured 49 hours, and the other labor had lasted 60 hours, when the electro-magnetic current was employed with perfect success.

In all torpid conditions, where the vital powers seem disposed to flag, the stimulus of the galvanic machine is most favorable and salutary. I knew an old gentleman, upwards of 70 years of age, who used the instrument daily, for the warmth and stimulus which it afforded. If the galvanic current was able to digest the parsley in the stomachs of rabbits, as mentioned among our experiments after division of the par vagum, we would justly infer that in debilitated condition of that organ, in most forms of chronic Dyspepsia, at least some degree of this stimulus would be highly useful, and such it has proved to be, though but one case has ever been fairly tested in my own hands.

In regard to its relations to surgery, I cannot better present its claims to our consideration, than by using the language of Druitt, in his valuable work. Speaking of Electricity and Galvanism he says :—"Although these powerful agents have been by turns overrated and decried, and have lost much of their therapeutical reputation, through having been resorted to as the last desperate remedy, in cases where it was irrational to expect benefit from them, still no one who knows how to use them can doubt their efficacy.

In certain cases of defective circulation and nervous influence—when the thigh is weak and benumbed with Sciatica; in cases of atrophy of the extremities after Fever, when the extensors are paralyzed from long disuse, as after disease of joints; in deficient menstruation; in Dyspnœa from weakness of the sotmach: in loss of voice, from relaxation of the mucous membrane of the fauces; in hysterical neuralgia, and in other cases of nervous pain, unattended with increased vascularity, they may be resorted to with every prospect of benefit;" and adds the most convenient apparatus seems to be a single battery, with a coil, and an apparatus for giving a stream of gentle shocks. Whether the indolent tumors which sometimes develope themselves in the scrofulous diathesis would be benefitted, I do not know, but reasoning from analogy, we are inclined to think Galvanism would be highly useful, and after protracted illness and convalescence, if anything would assist to arouse the dormant energies to their wonted life, this agent must be among the most certain and powerful. In cases of drowning, I believe this agent to be invaluable.

In its administration, "the feelings of the patient must be our guide, as to the strength of the charge in each particular case. Some will sustain with impunity, shocks which would be distressing and injurious to others."—[Ency, p. 297.

In the machine of which we are speaking, the small piston of iron rods graduates the amount with the greatest ease. In ordinary cases, 10 or 15 minutes, once or twice a-day, is as much as is necessary.

The application of the poles, to one familiar with the anatomy of the system, is not difficult, as you have only to place one over the root or trunk of the nerve, and the other over the affected part or the extremities of the same nerve.

In taking up a subject of this kind, entirely separate and disconnected from *all* others, many might infer that undue weight and unmerited importance was attached to it—that more force and power was given to this as a medicinal agent, than experience and facts would sustain. But I disavow any intention to distort the real worth of this as a curative means, or to detract from or neglect any other remedy whatever. I am not a "hobby" man. I believe, as I said in the outset, in the liberty and power of medical men selecting any and every agent from whatever source it may spring, so it stands the test of experience, and Electro-Magnetism, especially, I think one of those remedies which can oftentimes be brought in with other treatment, with the greatest advantage. I selected this topic in part to gratify my own curiosity, that I might better satisfy myself in regard to the powers and uses of this remedy, and also to direct the attention of the profession to this interesting subject, that still further advances might be achieved, new facts developed, suffering alleviated, and the world enlightened.

ARTICLE II.

Congestive Fever.—Part of a paper read before the Peoria City Medical Society, by E. S. Cooper, M. D.

I shall attempt to portray a disease known more or less familiarly to all practitioners of the West and South, by the various local and general names of Congestive Chill, Malignant Fever, Pernicious Fever, Congestive Fever, &c., &c., all of which are more or less vaguely applied,—particularly the "Congestive Chill," which has of late obtained such gloomy notoriety in the category of Western maladies, and swelled the bills of mortality until the irregular practitioner finds a good excuse for the death of his patient under that specious name. Since the Fall of '38, particularly, has this disease, or the name at least, become the watchword of alarm in many parts of Illinois. To say that this name has been misapplied, would be but speaking the truth, but to say that there is no se of peculiar fatality attended and particularly characterized by internal venous congestions, would be far from the truth.

Compatibly with my views, a correct nosological arrangement would cut off all the above names, as applied to any Fevers which I have seen, excepting the name of Congestive Fever, which, I think, might with propiiety be retained.

The name, in my opinion, is not only pertinent when referring to a character of disease which has come under my observation, but particularly well applied. I shall, therefore, assume that it is a proper term, and endeavor, as I pass along, to prove that it is so.

In describing the disease as it has occurred in my practice, I shall, for the facility of description, adopt a different arrangement from authors who have written on the subject, which arrangement I think indispensable to a correct delineation of its character.

I shall divide it into three types and three varieties.

Type.—The type may be Remittent, Intermittent, or Continued.

Variety.—The variety may be either Mild, Intervenient, or Malignant.

The importance of this arrangement consists partly in the fact that the first variety is the mildest form of Fever incidental to Illinois, and the latter decidedly the most malignant.

The mild variety is generally of the continued type, and is characterized by more or less diminution in the temperature of the surface; the pulse is a little smaller than natural.

These symptoms continue a longer or shorter period, and pass off spontaneously, by the action of a mild cathartic, or run into one of the other varieties, by exposure to atmospheric vicissitudes, by too great physical and mental exertion, or by the imprudent indulgence of the appetite. Particularly the eating of indigestible articles of food has been a common cause of change from the Mild Continued variety to the Malignant, Intermittent Paroxysm, which in many instanc minates rapidly fatally, despite the most skilful appliance our art.

It sometimes occurs that the Mild or Continued va continues to increase in the severity of the symptoms the commencement of the attack until the patient bec greatly prostrate, without changing its type, but, in my p tice, these cases have been rare.

In addition to the causes assigned for the unfavo change of type, the action of drastic cathartics may co the mild into fatal symptoms. Of this I shall have fu occasion to treat again.

The following case shows the agency which indige substances taken into the stomach may have in changing type, and thereby jeopardizing the life of the patient.

Case.—Mr. A. B.—wagoner by trade—ate freely of ham and other meats on the 19th of Nov., 1848, after h walked about for several days, with a cool skin and s pulse. Soon after eating, he was taken with vomiting purging, and when I saw him, which was about an hour he was extremely prostrate, with a cold damp skin blanched conjunctiva. He vomited up the meats. Afte covering from this paroxysm he had an intermission, d which he felt comparatively well.

Two days after the first chill, he had a slight shade o same, the severity of the symptoms were doubtless preve by the free use of tonics, during the intermission.

In this case the symptoms might have continued for days as they had been previously to his taking the m might have slowly declined, without developing anything important in the character of the disease, but for his ha taken the indigestible substances which caused a centr direction of the blood.

Intermittent.—The Intermittent is regular in the n of its paroxysms, which are Qu ough generally of the Tertian grade. It is sometimes fatal the first paroxysm, frequently in the second, and if not iodified by remedial measures, generally in the third. Per- ps no disease, incidental to the West, affords the same field the triumphs of our art. The worst cases, if treated vig- ously from the beginning, are almost invariably amenable medicine, but so far as I am prepared to say, almost all die hen left to themselves. The following case shows, particu- rly, the fatal tendency of the disease when the aid of medi- ne is not sought for in the early stages, and is precisely like ny others which have occurred in the practice of every edical man in the sections where the disease prevails.

Case.—Mr. S., æt. 60, resident of Tazewell Co., near ew's Mill, was attacked on the 21st of Aug., 1848, with a ill which prostrated him for some hours, and produced con- erable subsequent debility, though he was able to walk out the house next day. On the subsequent day which s the 23d, I was called, and found him in the following ndition: Pulse almost imperceptible; skin cold, much re- ed, and covered with large drops of cold sweat; lips and eks of a purple hue, as were, also, many parts of the sur- e, especially the hands and feet; conjunctiva blanched; es glassy and suffused with tears; countenance idiotic; ngue pale and tremulous; breathing laborious. The patient d been vomiting in the commencement, which was three urs previously. The chill lasted two hours longer, and terminated fatally.

Remittant.—The Remittent is much more mild than the termittent, though I think it sometimes runs into that type, nd the patient dies with all the symptoms characteristic of at frightful malady popularly known among us as the "Con- stive Chill."

This type has occurred less frequently in my practice than ither of the others. Sinking of the pulse, greater or less in oportion to the severity of the attack, I consider indispensable to constitute a Congestive Fever, and in the Remi form of this disease, the remission is characterized by ar crease of fullness, by the temperature of the surface ri This form of the disease is comparatively mild, and unle its running into the Intermittent, patients are seldom though I saw it prevail in the eastern part of Illinois, wher disease was not subdued short of from five to ten days, n cation. *Continued.* The continued form of Congestive, i mildest form of febrile affection with which I have bee quainted and is characterized by a slight reduction in temperature of the surface, the pulse is a little smaller natural, with a general feeling of torpor, with uneasy sensa in the region of the stomach; the countenance is dejected.

These symptoms continue a longer or shorter period, without prostrating very much, and finally subside witho efforts but the powers of nature. More frequently it req a mild aperient, without which the disease very changes the type and assumes a character very different extremely difficult to treat successfully.

Pathology.—General internal venous congestion is prominent feature in the pathology of most of these cases. many instances some particular part is the principal se congestion, while the veins of other parts are slightly engo

The cavæ, with other vessels about the heart, may b principal seat of engorgement, or the lungs, or the brain, spinal cord, or all of these may be simultaneously engorge is the case in the fatal attacks of the disease. I worst attacks the engorgement of the lungs constitutes the prominent symptom, and in these cases the patient is b down with a mysterious rapidity very like the worst att of Cholera. The lungs alone may be much engorged, produce the most frightful and rapid collapse witho evacuation, except by sweating.

The accompanying symptoms indicate positi logical condition of the parts diseased, when icipal seat of Venous Congestion. Thus the purple lips l cheek, the blue skin accompanied with the cold extremi- i and extremely small pulse, laborious breathing, are not to mistaken. As I can illustrate what appears to me to be true pathology of the diseases in these attacks more clearly introducing a case just here, I beg leave to do it:

'ase.—Mr. W. E. R., æt. 43, forwarding and commission rchant, very temperate habits, but rather feeble constitu- : attacked on the 9th of July, 1848, at 8 A. M., after hav- walked to his warehouse just before. At half past eight I him and found the following his condition: Pulse almost erceptible; tongue pale and tremulous; conjunctiva nched; skin cold, damp and relaxed; lips and cheeks pur- surface generally the same hue.

'he patient was unable to turn himself in bed soon after the ack. He recovered from the paroxysm, but had a slight ide of the same symptoms on the second day at the same ır, having in the meantime taken largely of tonics to inter- pt the anticipated chill.

In this case there was extreme engorgement in the veins of lungs, and instead of producing increased vascular and vous excitement, as is the case when the arteries are en- rged, the action is as little if not less than in the natural state. have even thought sometimes the excitement of a part or rts laboring under venous congestion was diminished in pro- rtion to the extent of the congestion. In extreme conges- n of the lungs the bronchial lining becomes relaxed and urs out a muco-serous fluid in the same way that the skin ırs out the watery portions of the blood. The fluid effused m the lining membrane of the bronchia besmears that mem- ne and interrupts the contact of atmosphere with the blood, ıereby its decarbonization is prevented, and venous blood being thrown back to the left side of the heart, in this state is arried into the system and acts as a slow narcotic poison.

, it appears to me, must be the true state of all those cases of extreme "congestive chill," in which the patient borne down and exhausted without any evacuation but by skin.

In other cases, where vomiting and purging are early a constant symptoms, the liver and its adjacent veins are gre congested, the veins of the stomach and mesentery are wise engorged.

When the veins of the brain are greatly distended the tient has an idiotic countenance, eyes glassy, conjunc blanched, complete torpor of the sensorial powers, extre prostration of physical strength, and delirium. But no crease of heat about the head attends these cases. The of the forehead participates in the general dampness and laxation which is common to the surface.

Whether the nervous system is the primary seat of deran ment, as is contended by many, the accompanying sympt are evidently the result of congestions in the venous system.

If not, why is it that in or during the intermittent parox of the disease in one instance our patient is rapidly reduce vomiting and purging unaccompanied with any blue ti the skin. Another is reduced still more rapidly without evacuation except by sweating, with an extraordinary ch in the color of the skin.

What is it that produces this marked difference in color of the skin in these cases? Could nervous influ alone, or unaccompanied with congestion of the lungs, p duce such a want of decarbonization of the blood evinced in these latter cases?

If one patient dies with an idiotic countenance, blan conjunctiva and early delirium; another dies with non these symptoms, but with vomiting and purging, and yet other dies with all these symptoms combined, and if, in first case, congestion is found in the veins of the brain spinal cord upon post mortem inspection; in the second, lungs; in the third, the liver, stomach, and me a last more or less congestion in all, it appears to me, we n account for the difference in the symptoms by what is nd to be the pathological condition of the parts, in the st mortem examination, without puzzling our brain to k beyond, into the mysteries of the nervous system, which est accounts for but few of the various phenomena. If, n, we have found the pathological state, as evinced by post rtem inspection, to account satisfactorily for all the symp- ns, and that pathological state to be internal venous conges- n, then I urge the propriety of using the term Congestive ver, particularly as many of its symptoms are more or less mmon to other Fevers.

ARTICLE III.

eatment of Cholera.—By B. F. Mullen, M. D., of Madison, Ind.

Prof. Evans—Dear Sir: Having observed through the me- m of the press notices of the appearance of Cholera in your y, I take the liberty of presenting for your consideration. the atment employed by me in that disease. I may also state t the same treatment was adopted by my brother, Dr. A. Mullen, of Napoleon, and, singularly enough, too, simultaously with myself.

To the treatment: If it was ascertained that the patient d lately partaken of indigestible or irritating food, an emet- composed of mustard and salt—of each a table-spoon full— as given, dissolved in warm water. This was followed by e following:

℞.——Hyd. chlo. mit., grs. xxx.
Pulv. Camphor, grs. xii.
" Capsicum, grs. vi.
" Acet. Plumbi, grs. xviii.
M. ft. chart. no. vj.

These powders are given as frequently as every 15 minut if the rice-water discharges are profuse and frequent, and l frequently if the case is a mild one. Is severe vomiting p ent? a large sinapism is laid on the bowels: in collap cases bordering upon that state, the patient should b rounded with *corn ears*, previously heated in boiling and wrapped in flannel cloths or blankets,—the bed remo to the middle of the room in order to admit a free curren atmosphere, no rubbing or annoying the patient, who is al time to be kept in a horizontal position, and perfectly quiet.

As the rice-water discharges cease, the first ingredient in powder is increased and the others diminished.

Iced Slippery Elm water is allowed the patient freely; the cramps nothing, in my opinion, can be done, for they occasioned by the absence of serum in the circulating syst for, how often do we meet with cramps in persons who h suffered from profuse Hemorrhage.

I thus inform you of the treatment employed, as it has b most successful. My brother, Dr. A. J. Mullen, has lost six patients out of some two hundred, and I can find but fatal cases in all my Cholera practice, both in this city an Napoleon, where I was called during the prevalence of disease last summer. The treatment of the consecutive must be founded upon general principles. Death, when curs, is evidently from effusion in the ventricles.

I need scarcely say to you that the diarrhœa preceding attack of Cholera is no ways identified with the diarrhœa u to our country or season. Whilst in the hospitals in Mexi (where I had the honor to serve,) I had the opportunity of serving diarrhœa in all its phases. Of course I had no d culty in diagnosticating between Serous Diarrhœa and other forms.

ARTICLE IV.

Case of Absence of the Uterus.—By GEO. SMITH CRAWFORD, M. D., of Chicago.

EDITORS JOURNAL: Gentlemen,—If you think the enclosed worth publishing, it is at your service.

Sept. 19th. Mrs. A. D., æt. 30, has been married fourteen months, states that she never had any periodical discharge om the vagina, excepting about two years ago, when on one occasion there was a slight serous discharge, which she supposed to be the menstrual fluid; since girlhood she has had a small quantity of a whitish glairy fluid pass from the anus before the evacuation of fecal matter; about once a month, the discharge would continue for two or three days, on her going to stool; at those periods, she had pain in the loins, with general constitutional disturbance, and enlargement of the mammæ. Before marriage, she suffered much distress from pain and a sensation of fullness in the abdomen, not referable to any particular part; never was sensible of any pain in the region of the womb; since marriage, those anomalous feelings have not caused her much trouble; her general appearance at present is healthy. On examination, I could with difficulty introduce a small glass speculum, owing to unusual constriction of the sphincter; on withdrawing the speculum, which had not passed more than inch beyond the sphincter, I satisfied myself by a minute examination by the vagina and rectum, that the former terminated in a sac, and that there were no traces of a uterus.

Being desirous that my patient should be fully satisfied as to her condition, I appointed to call next day with a medical friend well versed in such matters, at which time Dr. Rutter was kind enough to attend, and, on examination, coincided with me as above; the depth of the vaginal sac does not exceed 1½ inches. She has sexual desires, and is gratified by [the attempt at] coition.

ARTICLE V.

Remarkable change of position of the Spleen and abscess of t same.—By J. J. Lescher, M.D., of Mt. Carmel, Ill.

Sometime in the spring of '48, in the early part of the e
ing, I was hastily called to visit a widow lady, some two
distant, on the opposite side of the Wabash river, who, as
messenger reported, was suffering intensely from a tumor
the right and lower side of the abdomen. As speedily a
could, I reached her house when quite dark, and discove
the patient, aged 35 years, in a very emaciated condition, a
with intense agony depicted in her countenance. Upon exan
nation, I discovered an immense tumor occupying the grea
part of the right iliac region, dipping deeply into the adjace
pelvic cavity, where it had formed permanent adhesion.
its most central part the tumor, when manipulated, manifes
unequivocal fluctuation, and attenuated integument. On
cursory examination, and without extending my manipulatio
beyond the more prominent part of the tumor, my first impre
sion was, that the patient was the victim of an abscess of a
enormously enlarged liver. However, before proceeding an
farther, I made inquiries of my patient concerning the histo
of her past and present health and condition, particularly
bearing on this abdominal enlargement. Living in a mal
ous district of country, she had, for a series of years prece
ing, been subject to frequent and repeated attacks of Inter
tents, which, from neglect, had given rise to a variety of ai
ments, such as are usually attendant upon Ague, and t
constant introduction of miasm. That, in the meantime, h
spleen became very much enlarged and painful—or, as s
denominated it, her "ague cake" grew large and tender
the touch; and, that during this time, she had resorted to
remedial means, save such as have been handed down fro
family to family, and by reason of their traditional value, a
having been always sacredly entrusted to the care and tra
mission of some female or sybil asclepiad, have in consequ
become hallowed. That, about a year ago—dating from

visit—she had exerted herself more than was her wont, and in consequence, she felt the "ague cake" to fall from its natural position into the right side. This seemed rather astounding to me, having never in the course of my reading, or personal observation, known such a displacement. I could scarcely give credence to her statement, inasmuch as we often are the witnesses of the excessive credulity and marvellousness of a certain class of females, to which this lady belonged. Nothing loth, I extended my investigation of the case, and discovered, and could distinctly trace, the transverse and a portion of the descending colon, as having actually taken possession of the place once occupied by the spleen, and the spleen displacing a portion of the contents of the right pelvic region, had, by inducing adhesive inflammation, taken possession of the same. That there should be no doubt in my diagnosis, I traced the entire margin of the liver, as likewise that of the now diseased structure, save so much of it as adhered to the upper and inner aspect of the ilium; and furthermore, by deep pressure between the liver and enlarged mass, the lower contour and anatomical unevenness of the former organ was distinctly perceptible, so that I could no longer doubt.

Now I will not pretend to say, nor can I believe that the spleen was suddenly torn from its connection with the stomach, omentum, kidney, &c., but, that by the gradual extension of its connecting media to the forementioned parts, it did, after the violence it first sustained, by the force of its own weight, find the pelvic and iliac localities, where, in all probability, it became as an extraneous body, inasmuch as its connecting vessels had been obliterated. That it could not have sought suddenly the iliac region, is evident from the fact that rupture, if not entire severence of its bloodvessels must have obtained, which must have given rise to fatal hemorrhage, either from the quantity of fluid so thrown out, or from its inducing peritoneal inflammation of an erysipelatous character, if I may be allowed the expression, as used in the sense of John

Hunter, since the patient was eminently in a condition to be subject to such a form of inflammation---she being a miasmatic cachectic. From such an inflammation she, however, did n suffer, as I had every reason to know.

I informed the woman that she could by no possibility ever be restored to even ordinary health; that the only palliatic would be the external evacuation of the contents of the abscess; to which she readily assented; and I accordingly proceeded to plunge an abscess lancet into the most suitable poi giving exit to a large quantity of rather healthy pus; whic continued to flow pretty freely for six or eight weeks follo ing, during which time I did not see her; neither could I gain permission of a post-mortem examination, which I very much regreted.

In a physiological point of view, I deem this case an interesting one, in deducing conclusions with reference to the fun tional importance of the spleen in the animal economy. regret that I could not have had an opportunity to see t patient at an earlier period, and frequently, so as to have be enabled to note closely, the effects on the system of so stran a phenomenon. I, however, satisfied myself that the fu tions of digestion and assimilation suffered materially, a that my opinion, however novel it may appear, with reference to the spleen, as entertained many years since by an emine French pathologist, was strengthened. The opinion to which I refer, is the following :—

This pathologian contended he had proven, by dissection carefully conducted, that the spleen was a great nervous secreting organ, analagous to the brain; that, as there are tw separate and distinct systems of nerves in all vertebrated animals—the first being designated as the automatic system, or as I have elsewhere observed, the nutritive, ganglionic, or vit system, as being that which controls the involuntary or spontaneous motions—the second, the cerebral, as controlling th voluntary motions; that, as the first system is composed the great sympathetic, its branches, plexus and ganglia, having especial cognizance of the nutritive and vital functions, he asserted the spleen was an additamentum to the ganglionic system; that it was actually the brain of the abdomen, whose function it was, by the aid of its adjuncts, the ganglia, to secrete that portion of the nervous fluid necessary toward the maintenance of healthy abdominal functious. Hence, if this theory be a true one, how very important and essentially necessary toward a healthy nutrition, a healthy and unimpaired condition of this abdominal brain. That in disease of the spleen, or its total destruction or removal from the body, the abdominal intelligence suffers proportionally. This is a novel theory of the function of the spleen, and because novel, and in opposition to the generally received crude and unsatisfactory opinions of physiologists, may be discarded as one unworthy an investigation.

Prof. J. H. Miller, who wrote on this subject many years ago, says: "The spleen being invariably found in all the higher classes of animals, is abundant evidence of its performing some important duty." Its substance is more soft than other of the abdominal viscera---is more feeble than any substance in the body, unless it be the brain. It is co-existent with the brain, and those animals which are devoid of brain, likewise want the spleen; and that wherever there is a spleen, there, likewise, is a brain; the inference is legitimate, thereforefore, that an intimate relationship exists between the two viscera.

In the language of Prof. M., "the spleen has no marked connection with the cerebral or spinal nerves, but is identified with the nerves of the spontaneous system as its cerebral organ, therefore, any affinity which may subsist between those organs, must depend upon this system of nerves. Now, as those nerves had a prior existence to the brain and its nerves, and were the grand agents in their formation, and continue to be the same of their sustentation, the simultaneous appearance of the spleen and brain can be accounted for only upon the supposition, that the former is appended to the spontaneous system of nerves, to aid it in the supererogatory duty of forming and sustaining the brain and its appendages. That the spleen performs like offices for the primary system, to what the brain does for the cerebral and spinal, is inferred from a similarity of structure.

In conclusion, the following plain and acknowledged facts may be noted. Congestion or engorgement of the spleen, invariably follows repeated paroxysms of the Ague, as well being consequent npon a residence in a marshy district, without the necessary Ague following.

Periodicity is of a nervous origin; Quinine is the most powerful anti-periodic agent we possess; that in proper doses it becomes a sedative; and that sedation seeks the nervous system for its manifestation; and, finally, Quinine is successfully resorted to in the treatment of splenetic derangement, &c. May these facts not materially aid us in investigating the functions of the spleen, and its relation to the brain, if any such relation exist. It is at least worthy some attention.

[It is due to our esteemed correspondent to say that the above article has been on our table for more than a year. The extreme singularity of the case induced us to postpone its publication, until further correspondence with the author. Although no post mortem examination was had, he assures usthere was no posibility of his diagnosis being a mistaken one, and we do not presume to dispute his opinion. We therefore publish the communication as a contribution to the curiosities of medical experience in malarious regions. As for the speculations touching the functions of the spleen, our friend has the satisfaction of knowing that if his opinions are fanciful, they are like all other hypotheses on this subject.—Eds.]

ARTICLE VI.

Two Fœtuses of unequal size at the same Abortion.—By Dr. F. Brady, of Belle Fountain, Mehaska Co., Iowa.

Aug. 13th, 1850—Called in conjunction with E. A. B., M. D., in haste to see a lady, Mrs. S., aged about 22, who had labored under a spinal affection for a number of years. She was represented by her husband to have been delivered of a fœtus some three hours previously; placenta not delivered. When we arrived we found her comparatively easy; no labor pains, the os uteri very much contracted. We tried in vain all the ordinary means, except the ergot, to excite uterine contraction; we then resorted to the secale coruntum; after exhibiting about twice the ordinary quantity pains came on and ultimately dilatation of the os uteri, so as to expel a small mass, which, on examination, proved to be another fœtus, from four to five inches in length, of ordinary proportions, vitality evidently having been destroyed within a few hours, (we omitted to mention that the first fœtus was about 12 inches in length, very much decomposed, with a very nauseous odor, evidently having been dead for some time; I think about a month, as she had a violent uterine hemorrhage about that time, and had been very much indisposed since). After considerable labor we succeeded in removing the small placenta, and small portions of what we supposed to be the larger one. The parts being very sensitive, we deemed it advisable to desist in our efforts to produce expulsion. In about an hour, however, she was delivered of a homogeneous mass apparently of very different texture and color from an ordinary placenta, about four inches in length, two in breadth, one and a half in thickness. It was attended with very little hemorrhage. She has since done well and has pretty nearly recovered. I learned from her husband that this was her third abortion. She never had a living child.

Queries.—Could both of them have been conceived at the same time, one remaining comparatively dormant while the other grew to the specified size? or could they have been conceived at different times? What could have caused the placenta, if such it was, to assume that shape and appearance? These are questions I feel myself inadequate to solve.

ARTICLE VII.

Treatment of Rubeola by Inunction.—By JOHN EVANS. M.D., Prof. of Obstetrics, &c., in Rush Medical College, etc., etc.

June 1, 1850, Miss F., aged 15 years, was laboring under the symptoms that characterize a violent attack of Measles. The febrile action was strong—pain in the extremities, loins and head, severe—the eyes were injected, suffused and intolerant of light—distressing nausea was constant, and the characteristic eruption was well marked upon the face, neck and breast.

I gave Dovers powder grs. viij. every six hours with free use of warm teas.

Finding no abatement of the distressing symptoms the next morning, I determined to use inunction, and, as practiced by Dr. Schneeman in Scarlatina, directed the patient to be rubbed with a piece of fat bacon over the entire cutaneous surface.

The relief was marked by the subsidence of all the distressing symptoms in a few hours, and the application was repeated twice the next day. No other treatment was applied except the free use of warm teas. The recovery was more rapid than I had before seen in such cases, and without any disagreeable sequel.

Two other members of the same family were treated by the inunction with the same favorable results.

I have since used the plan of treatment in a number of cases and with uniform and prompt relief.

ARTICLE VIII.

Tracheotomy for Abscess in the root of the tongue, resulting successfully.—By DANIEL BRAINARD, M.D., Prof. of Surgery in Rush Medical College.

On the 30th June, 1850, I was invited by Dr. Bassett, of this city, late in the evening, to see a child about one year old laboring under the most urgent symptoms of suffocation. There was a swelling beneath the left angle of the jaw extending forward beneath the chin; the tongue was swollen at its base, and the tonsils were much enlarged. The swelling had existed and gradually increased for about a week. On examining the tumor beneath the angle of the jaw I thought fluctuation was perceptible, and, passing a bistoury deeply into it, had the satisfaction of finding it followed by a copious discharge of pus.

Not doubting that this would be followed by prompt relief I made preparation to leave the house, when I noticed that the child's breathing became more difficult and instant death was threatened, when I proceeded, as rapidly as possible, to open the trachea. This gave immediate relief. On passing a probe into the opening of the abscess, it passed above the os hyoides and in front of the epiglottis nearly to the opposite side. This opening was kept pervious by the introduction of a piece of bougie; breathing continued partially through the artificial opening for about a month, when it closed, the child being quite well. Abscesses in the base of the tongue and at the sides of and behind the pharynx, are often fatal. In an urgent case called idiopathic glossitis, of several days' standing, I plunged a bistoury in the median line, midway between the chin and os hyoides, upward and backward, about two inches; inserting a tent, a free discharge of pus soon took place and the patient was relieved.

After the operation for Tracheotomy I find the best way of preventing the opening from closing is by ligatures passed through the tissues on each side and tied behind the neck.

Chicago, Oct. 1, 1850.

ARTICLE IX.

Poisoning by Stramonium.—By **Ira E. Oatman**, M.D., of Dundee, Ill.

On the 21st of Sept., at 7 P. M., I was called in haste to see a little boy, 3 or 4 years old. He presented the following symptoms, viz.: Hot skin, flushed countenance, full pulse, dilated pupils and total blindness. He had occasional convulsions, violent spasms, and furious delirium,—greatly increased by giving liquids or medicines, or by putting him into warm water. He screamed wildly and hideously; and raved and yelled equal to the worst case of delirium tremens. The earlier symptoms were those of poisoning with alcohol: but his brother thought he had eaten a thorn apple; and he said, (when first taken) yes, he had "eat it all up." Some ground mustard advised by another physician had not vomited him, and his agony was intense. The Sul. Zinc. and Ipecac., in large emetic doses, assisted by copious draughts of warm water, dislodged the seeds and inner portions of the pod with difficulty from the stomach. He then sank into a profound sleep, with dilated and immovable pupils and general insensibility. I ordered ½ oz. Castor Oil, in warm milk, every hour, and the same, per enemata. Gave some stimulants, and applied cold to the head. Early the next morning I was awakened by the father of the child, who said he had come to tell me that I need not call again, for his boy was "well." He is now in good health.

I submit this case that every one may be warned against this poison, so abundant in all parts of the country.

Part 2—Reviews and Notices of New Works.

ARTICLE I.

Medical Jurisprudence.—By ALFRED TAYLOR, F. R. S., Licentiate of the Royal College of Physicians; Member of the Royal College of Surgeons; and Professor of Medical Jurisprudence and Chemistry at Guy's Hospital. Second American, from the third London edition; with notes and additions by R. EGGLESFIELD GRIFFITH, M. D., &c. Philadelphia: Lea & Blanchard, 1850; pp., 670; 8vo. (From the Publishers, and for sale by Jos. Keen, Jr., & Brother, 161, Lake street, Chicago.)

Medical Jurisprudence is the common ground on which the legal and medical professions meet; although we are sorry to say that it is a soil not sufficiently cultivated by either. We are pleased to see, however, that the apathy heretofore prevailing on this subject is giving way to a more cultivated and enlightened sentiment. As an evidence of this we cite the fact of a demand for a second edition of the work above mentioned. We believe it is universally conceded that a medical man is the proper person to write a work on Medical Jurisprudence, inasmuch as a physician is more conversant with the details of Anatomy, Physiology, &c., than a lawyer can possibly be.

It is not excess of praise to say that the volume before us, is the very best treatise extant on Medical Jurisprudence. In saying this, we do not wish to be understood as detracting from the merits of the excellent works of Beck, Ryan, Traill, Guy and others; but in interest and value we think it must be conceded that Taylor's is superior to anything that has preceded it.

The author is already well known to the profession by his valuable treatise on Poisons; and the present volume will add materially to his high reputation for accurate and extensive knowledge and discriminating judgment. Were we disposed to be hyper-critical, we could lay our finger here and there on a trifling inaccuracy, or an indefiniteness in the employment of technical terms and phrases; but these are comparatively insignificant matters, which do not affect the general value of the volume.

The principles of law applicable to a given case are succinctly but comprehensively announced; the facts material to the general issue are acutely discriminated from those which are unimportant or irrelevant; whilst the value of the volume is much enhanced by details of cases already adjudicated. Dr. Griffith has, in his notes, added many matters of interest with reference to American Statute Law, &c., so that the work is brought completely up to the wants of the physician and lawyer at the present day. M.

ARTICLE II.

A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition.—By P. CAZEAU, Adjunct Professor in the Faculty of Medicine of Paris, etc., etc. (Adopted by the Royal Council of Instruction.) Translated from the second French edition with occasional notes and a copius index by ROBERT P. THOMAS, M.D., Member of the Philadelphia County Medical Society; late Demonstrator of Anatomy in the Franklin Medical College, etc. With one hundred and seventeen illustrations; pp. 765; 8vo. Philadelphia: Lindsay & Blakison, 1850.

This is a well digested treatise, translated in a clear and good style, and got up in the usual excellent manner of the publishers.

Although we have a number of text books, for students and practitioners upon the subject of obstetrics already before the profession, we think there is still room, especially as every new work should embody the improvements and discoveries that are constantly being made.

The French are, generally, well posted up in reference to improvements, and the work before us shows abundant evidence of the fact. E.

ARTICLE III.

General Therapeutics and Materia Medica; adapted for a Medical Text Book.---By ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine, &c., in Jefferson Medical College of Philadelphia; formerly Professor of Materia Medica and Therapeutics in the Universities of Virginia and Maryland, and in Jefferson Medical College of Philadelphia. One hundred and eighty-two illustrations. Fourth edition, revised and improved. Philadelphia: Lea & Blanchard, 1850; 2 vols., 8vo., pp. 996. (From the Publishers, and for sale by S. C. Griggs & Co., 111 Lake street, Chicago.)

Prof. Dunglison is one of the most voluminous of medical authors, and is in himself almost a refutation of the proverb, "non omnes omnia possumus." That his labors are kindly appreciated may be inferred from the fact that the work before us has already run through three editions, and a fourth has been called for. In this edition the learned and indefatigable author has made extensive additions and alterations, and illustrated it with quite a number of wood-cuts, which add to its value. In our very limited space it is impossible to give anything like an analysis of what we conceive to be its merits or defects as a system of Materia Medica and Therapeutics. As the work has long been before the medical public, and has acquired the reputation of a standard authority, we only deem it necessary to observe that this edition is, in many particulars, an improvement on any that has preceded it. The publishers have, as usual, brought out the work in excellent style.

M.

ARTICLE IV.

History of Medical Education and Institutions in the United States, from the first settlement of the British Colonies to the year 1850, *with a chapter on the present condition and wants of the Profession, and the means necessary for supplying those wants and elevating the character, and extending the usefulness of the whole Profession.*—By N. S. DAVIS, M.D., Professor of Principles and Practice of Medicine in Rush Medical College; member of the American Medical Association; Permanent member of the Medical Society of the State of New York; corresponding member of the N. Y. Medical Association; member of the Illinois State Medical Society, etc. pp. 228; 12mo. Chicago: S. C. Griggs & Co., 1850. (From the Publishers.)

Our readers will, with this number of the Journal, receive the conclusion of a copy of this valuable work, and of course it will be unnecessary for us to give an analysis of its interesting contents. We congratulate the physicians of the whole country upon the privilege, now for the first time offered them, of reading a connected history of their profession in this country. It should be in every American physician's library; for who, that loves his profession, does not wish to learn its history in his own country.

The neat and substantial manner in which this, the first medical book published in our city, is got up, speaks well for the publishers, and adds another to the numerous evidences of western skill and enterprise.

E.

ARTICLE V.

Essays on the Puerperal Fever and other diseases peculiar to women, selected from the writings of British Authors previous to the close of the Eighteenth Century.—Edited by FLEETWOOD CHURCHILL, M.D., M.R.I.A. Hon. Fellow of the College of Physicians of Ireland; Corresponding Member of the American National Institute; Hon. Member of the Philadelphia Medical Society, &c., &c., &c. Philadelphia: Lea & Blanchard, 1850; pp. 464; 8vo. (From the Publishers, and for sale by S. C. Griggs & Co., Chicago.)

This volume was prepared by the author at the request of the *Sydenham Society*, an association formed for the praiseworthy purpose of re-printing and preserving in an accessible form the writings of the old British Authors. Dr. Churchill has collected the essays of Denman, Hulme, Leake, Gordon, Clarke, and others, principally on Puerperal Fever; prefacing them by a very interesting and valuable history of the various epidemics of this disease, from the year 1746. Of course it is interesting to peruse the views of the old authors on a disease attended by such a frightful fatality as Puerperal Fever; and Dr. Churchill has conferred a favor on the profession, by assuming the editorial supervision of these essays. It is entertaining, as well as instructive, to note the gradual progress towards a correct knowledge of the pathology and treatment of this frightful scourge of women; and serves to remind us of our obligations to the fathers of medicine. As we shall probably hereafter have something more to say concerning this volume, we close our notice for the present by assuring our readers that they will find this volume a valuable one, both in a historical and practical point of view. M.

ARTICLE VI.

On the use and abuse of Alcoholic Liquors, in Health and Disease.---Prize Essay, by WILLIAM B. CARPENTER, M.D., F. R.S., F.G.S., Examiner in Physiology in the University of London, Professor of Medical Jurisprudence in University College, and author of "Principles of Human Physiology," etc., etc. Philadelphia: Lea & Blanchard, 1850; pp. 201; 12mo. (From the Publishers, and for sale by J. Keen, Jr. & Bro.)

To this little volume was adjudged the prize of a hundred guineas for the best essay on the use and abuse of Alcoholic Liquors, as a beverage or as Therapeutic agents. Intemperance is a subject of extreme interest to medical men, as bearing on public Hygiene; and we are glad to see a man occupying the eminent position of Professor Carpenter devoting his attention to it. We cannot give to our readers more fully the design and scope of the volume, than by presenting them the following extract from the author's preface. He desires to impress upon his readers the following conclusions.

"In the *first* place. That, from a scientific examination of the *modus operandi* of Alcohol upon the Human body, when taken in a *poisonous* dose, or to such an extent as to produce Intoxication, we may fairly draw inferences with regard to the specific effects which it is likely to produce, when repeatedly taken in excess, but not to an immediately fatal amount.

Secondly, That the consequences of the *excessive* use of Alcoholic liquors, as proved by the experience of the Medical Profession, and universally admitted by medical writers, being precisely such as the study of its effects in poisonous and immediately fatal doses would lead us to anticipate, we are further justified in expecting that the habitual use of smaller quantities of these liquors, if sufficiently prolonged, will ultimately be attended, in a large proportion of cases, with consequences prejudicial to the human system,---the morbid actions thus engendered being likely rather to be chronic, than acute, in their character.

"*Thirdly*, That as such morbid actions are actually found to be among the most common disorders of persons advanced in life, who have been in the habit of taking a 'moderate' allow-ance of alcoholic liquors, there is very strong ground for regarding them as in a great degree dependent upon the asserted cause; although the long postponement of their effects may render it impossible to *demonstrate* the existence of such a connection.

"*Fourthly*, That the preceding conclusion is fully borne out by the proved results of the 'moderate' use of Alcoholic liquors, in producing a marked liability to the acute forms of similar diseases in hot climates, where their action is accelerated by other conditions; and also by the analogous facts now universally admitted, in regard to the remotely injurious effects of slight excess in diet, imperfect aeration of the blood, insufficient repose, and other like violations of the Laws of Health, when habitually practiced through a long period of time.

"*Fifthly*, That the capacity of the healthy human system to sustain as much bodily or mental labor as it can be legitimately called upon to perform, and its power of resisting the extremes of Heat and Cold, as well as other depressing agencies, are not augmented by the use of Alcoholic liquors; but that, on the other hand, their use, under such circumstances, tends positively to the impairment of that capacity.

"*Sixthly*, That, where there is a deficiency of power, on the part of the system, to carry on its normal actions with the energy and regularity which constitute health, such power can rarely be imparted by the habitual use of Alcoholic liquors; its deficiency being generally consequent upon some habitual departure from the laws, for which the use of Alcoholic liquors cannot compensate; and the employment of such liquors, although with temporary effect of palliating the disorder, having not merely a remotely injurious effect *per se*, but also tending to mask the action of other morbific causes, by rendering the system more tolerant of them.

"*Seventhly*, That, consequently, it is the duty of the Medical Practitioner to discourage as much as possible the *habitual* use of Alcoholic liquors, in however 'moderate' a quantity, by all persons in ordinary health; and to seek to remedy these slight departures from health which result from the 'wear and tear' of active life by the means which shall most directly remove or antagonize their causes, instead of by such as simply palliate their effects.

"*Eighthly*, That, whilst the habitual use of Alcoholic liquors, even in the most 'moderate' amount, is likely (except in a few rare instances) to be rather injurious than beneficial, great benefit may be derived, in the treatment of disease, from the *medicinal* use of Alcohol in appropriate cases; but that the same care should be employed in the discriminating selection of those cases, as would be taken by the conscientious practitioner in regard to the administration of any other powerful remedy which is poisonous in large doses."

The following powerful paragraphs contain our author's views on the *Total Abstinence* question:

"He cannot allow it to go forth, however, without expressing his conviction that, whilst there are adequate Medical reasons for Abstinence from the *habitual* use of even a 'moderate' quantity of Alcoholic liquors, there are also strong Moral grounds for Abstinence from that *occasional* use of them which is too frequently thought to be requisite for social enjoyment, and to form an essential part of the rites of hospitality. The experience of every practitioner must bring the terrible results of Intemperance frequently before his eyes; but, whilst he is thus rendered familiar with its consequences as regards *individuals*, few, save those who have expressly inquired into the subject, have any idea of the extent of the *social* evils resulting from it, or of the degree in which they press upon every member of the community. The Author believes that he is fully justified in the assertion that, among those who *have* thus inquired, there is but one opinion as to the fact that, of all the causes which are at present conspiring to degrade the physical, moral, and intellectual condition of the mass of the people, there is not one to be compared in potency with the *Abuse of Alcoholic liquors;* and that, if this could be done away with, the removal of all the other causes would be immeasurably promoted. Every one who wishes well to his kind, therefore, must be interested in the inquiry how this monster-evil can be best eradicated.

"Now the Author considers that the best answer to this inquiry has been found in the results of experience. A fair trial has been given, both in this country and the United States, to societies which advocated the principle of *Temperance*, and which enlisted in their support a large number of intelligent and influential men; but it has been found that little or no good has been effected by them, among the classes on whom it was most desirable that their influence should be exerted, except where those who were induced to join them really adopted the *Total Abstinence* principle. Though he agrees fully with those who maintain that, *if* all the world would be *really temperate*, there would be no need of Total Abstinence Societies, the Author cannot adopt the inference that those who desire to promote the Temperance cause may legitimately rest satisfied with this measure of advocacy. For sad experience has shown that a large proportion of mankind *cannot*, partly for want of the self-restraint which proceeds from moral and religious culture, be temperate in the use of Alcoholic liquors; and that the reformation of those who have acquired habits of intemperance *cannot* be accomplished by any means short of entire Abstinence from fermented liquors. Further, experience has shown that, in the present dearth of effectual education among the masses, and with the existing temptations to Intemperance arising out of the force of example, the almost compulsory drinking-usages of numerous trades, and the encouragement which in various ways is given to the abuse of Alcoholic liquors, nothing short of Total Abstinence can prevent the continuance, in the rising generation, of the terrible evils which we have at present to deplore. And lastly, experience has also proved that this reformation cannot be carried to its required extent, without the co-operation of the educated classes; and that their influence can only be effectually exerted by *example*. There is no case in which the superiority of example over mere precept is more decided and obvious than it is in this. 'I practice total abstinence myself,' is found to be worth a thousand exhortations; and the lamentable failure of the advocates who cannot employ this argument should lead all those whose position calls upon them to exert their influence to a serious consideration of the claims which their duty to society should set up, in opposition to their individual feelings of taste or comfort."

How many of our readers acknowledge the force of these remarks, and are yet compelled to say with the Roman Poet,

——— Video, proboque meliora,
Deteriora sequor?

We ask this question without intending any invidious insinuations, but merely to induce the profession to take into serious consideration their duty in the premises as conservators of the public health, and as good citizens solicitous to remove a festering spot which has long been threatening to destroy the very vitals of the body politic and social.

The high professional reputation of Prof. Carpenter is a sufficient guaranty that the subject is treated ably; and his distinct avowal that he is a member of no special Temperance organization is strong presumptive proof that he has performed his task impartially. We therefore recommend this volume as the best treatise extant on the subject of the use and abuse of Alcoholic liquors. M.

ARTICLE VII.

A practical Treatise on Inflammation of the Uterus and its appendages, and on Ulcerations and indurations of the neck of the Uterus.—By JAMES HENRY BENNETT, M.D., Member of the Royal College of Physicians, etc. Second American, from the second London edition. pp. 355; 8vo. Philadelphia: Lea & Blanchard, 1850. (From the Publishers, through J. Keen, Jr. & Bro.)

This work, which has attracted so much attention both in this country and Europe, on account of the, previously unsuspected, frequency of ulceration of the cervix Uteri which it asserts, is well worthy the attention of the profession. The frequent practice of vaginal examinations with the speculum, called for by the doctrines taught in this work, has met the reprehension of Dr. R. Lee and other eminent obstetricians; but the whole argument seems to result in a conclusion that the use of the speculum ought not to be abused. It is clear that too frequent use of the speculum, would be by no means as serious an error, as an omission of its use where it was actually necessary to develope the true nature of the case.

E.

Part 3.—Selections.

ARTICLE I.

Cases of Asthma successfully treated by Nitric Acid.—By T. S. Hopkins, M. D., of Bethel, Glynn county, Georgia.

The following five cases of Asthma, cured by the use of Nitric Acid, have occurred in my practice since the summer of 1847. It is not my desire to attempt any explanation as to the modus operandi of this medicine in the above disease. Its beneficial effects were accidentally discovered, and, after a fair trial in five consecutive cases, with the most entire success, I am induced to bring it to the notice of the profession, trusting that in other hands than my own it may prove a potent agent for the relief of a disease which so often resists the best directed treatment. Several of these cases were from twenty-five to thirty-five miles distant from my office. Most of them were not seen by me from the time of my first visit and prescription until a cure had been effected. I describe them as I found them at the time of my visit, and from the history given by parents and masters, which I think can be depended upon.

Case I.—Emma, negro girl, aged five years, belonging to Mr. T. G., had been asthmatic *almost* from birth. Nightly paroxysms of dyspnœa, cough, &c., were represented as most distressing. During the day she would be up and about the yard with the other children. At the time that I saw her, her respiration was somewhat embarrassed, with slight elevation of the shoulders during inspiration, and a very distinct mucous râle. Her appetite was impaired and her countenance cheerless.

I ordered nitric acid, three drops, to be increased to five, three times daily, in a wineglassful of sugared water. A month elapsed before I again saw this patient, at which time every symptom of disease had disappeared. I prescribed for her in December, 1847, and up to date no symptom of asthma has returned.

Case II.—I was called in November, 1848, to see W. S., aged about six years, son of a planter of Glynn county. I was informed that this boy had been a subject of asthma for four or five years; that no expense had been spared in seeking for relief in his case; and that all the efforts of the best physicians in the neighborhood in which he had resided, had been in vain. When I saw him, he had cough, slight dyspnœa, with mucous râle distinctly audible at the distance of several feet. By walking up and down the steps of the house once or twice, the difficulty of breathing and cough would be much increased. He was very lively and cheerful, with a good appetite, and had had no fever for months. His father informed me that, upon the least *exposure* during the day, he would be attacked at night with the most fearful symptoms. Wheezing, panting, incessant cough, distressing dyspnœa, with impending suffocation, were the inevitable consequences (at night) of exposure during the day.

I ordered nitric acid, five drops, three times daily, in a wineglass of sugared water, with a strict avoidance of exposure.

In a fortnight, he had been so much relieved that his parents imagined him cured, and discontinued the acid. In a few days he relapsed, and I was again sent for. I ordered the acid to be continued, as before. and in one month from the time of my first visit he was *cured.*

Up to date there has been no return of disease.

This boy's father died of phthisis pulmonalis. Several of his mother's family have died of the same disease; and all of *his* brothers and sisters, without an exception, have in early childhood been sufferers from enlargement of tonsils and ulcerated sore throat. He is now the picture of health.

Case III.—A mulatto girl, belonging to Mr. W. D. T., aged four years. This was a case of congenital asthma.

The symptoms in this and the following case (aged about four years) were so similar to those of Case I. that I shall not describe them.

The treatment was nitric acid, three drops three times daily, in a wineglass of sugared water.

This case resisted the treatment rather longer than the other cases, but was *cured* in about six weeks.

In Case IV., the immediate effects of the acid were perceived in a few days; and in eight or ten days she was cured.

Case V.—I never saw. It was a negro girl belonging to Mr. C., of Camden county. She was seven years of age.

Her master applied to me for a prescription, after giving some of the most prominent symptoms, which convinced me that the case was asthma, as he had declared it to be.

I prescribed five drops of nitric acid, three times daily.

I heard nothing more of this case for several months after I had prescribed, when I was informed by her master that she was well.

A sufficient time has elapsed, in all these cases, to convince me that they have been radically cured.

Should you deem the above remarks and cases worthy a place in your valuable journal, you will please to insert them. It is at least *new* in the treatment of asthma.—*Amer. Jour. Med. Sci.*

ARTICLE II.

New Adhesive Dressing —By Dr. MELLEZ.

The eagerness with which collodion was adopted by many practitioners shows their want of satisfaction with the materials commonly in use. Certain disadvantages attach to all the ordinary means of keeping wounds in apposition, such as satures, adhesive and isinglass plasters. Collodion, which possesses many valuable qualities as an adhesive, requires, in order to give satisfactory results, to be of a precise degree of concentration, and, like other dressings, demands, in order to be nicely applied to wounds, the aid of assistants, which is not always at the command of the surgeon, especially in country practice where he must often operate without the aid of others, and where the patients cannot be visited, except at long intervals.

From his dissatisfaction with the ordinary adhesive dressings applied under such circumstances, Dr. Mellez was led to adopt a solution of "gum lac," which is much used in the arts as a varnish and adhesive.

He uses a solution of this substance in spirit of wine, made with the aid of a moderate heat and in such proportion as to give a mixture having the consistence of jelly, or nearly approaching to it. It can be made in a common wide-mouthed bottle, and a simple cork suffices for its preservation. When he uses it, he spreads it with a spatula upon pieces of cloth or taffetas, cut to the size required. According to him, it possesses all the good properties of collodion, and even higher properties than that substance—viz., contraction during the desiccation, impermeability to air, absence of all irritating action on the skin or wound, intimate adherence to the skin, and resistance to the action of water, fatty matters, or the discharges from the wound. It has not, like collodion, the quality of being colorless; but he believes that it might, if required, be decolorized, and, if applied upon animal membrane, would furnish a transparent dressing. It does not dry so quickly as collodion, but that is the only advantage the latter possesses. The lac dressing, however, does not require so long a time as to be inconvenient to the surgeon. Moreover, it is not indispensable for the lac, as it is for the collodion, that the skin be absolutely dry. It has further the advantage (not to be overlooked) of being more moderate in cost.—*Monthly Jour., from Amer. Jour.*

Part 4.—Editorial.

ARTICLE I.

MACLISE'S SURGICAL ANATOMY.

The third part of this magnificent work is devoted to the anatomy and surgery of Inguinal and Femoral Hernia. One more number completes the work, which, when correspondingly bound, will be the most splendid volume issuing from the American medical press for the current year. The price of the whole will be eight dollars. A moderate price, all things considered. We hope the eminent and enterprising publishers may meet with a sale sufficient to re-imburse them for their trouble and expenditure. M.

ARTICLE II.

REESE'S MEDICAL FORMULARY.

The American Medical Formulary; based upon the United States and British Pharmacopœias; including also numerous standard formulæ, derived from American and European authorities. Together with the medical properties and uses of Medicines; Poisons, their antidotes, tests; etc. Designed for the Medical Pharmaceutical student.—By JOHN J. REESE, M.D., Lecturer on Materia Medica in the Philadelphia Medical Institute, Fellow of the College of Physicians, etc. Philadelphia: Lindsay & Blakiston, 1850; pp. 357, 12mo. (From the Publishers, through S. C. Griggs & Co.)

The title of this little book renders it unnecessary for us to enlarge on the character of its contents; and we would no more think of reviewing it, than we would of criticising the multiplication table. It is one of the series of works know as the ***Medical Practitioner's and Student's Library.*** M.

ARTICLE III.

THE DENTISTS.

It is gratifying to see with what zeal the cultivators of the kindred profession of dentistry are exerting themselves to induce those who practice their art to qualify themselves for a scientific and honorable standing.

Our country can boast of two well-organized Colleges of Dental Surgery, the older one being located in Baltimore and the other at Cincinnati. They give thorough instruction in all that pertains to the art, and upon a compliance with their requirements confer the degree of D. D. S., i. e., Doctor of Dental Surgery, on their students. This should be a certificate of qualification, and we should always prefer the dentist who had, to one who had not the degree, unless we had satisfactory means of judging between them independent of this.

We were induced to make these remarks by receiving several documents from the schools above referred to. The addresses of Doctors Hullihen and Townsend to the graduating class of the Baltimore College of Dental Surgery are well drawn up and replete with good sense and good advice.

ARTICLE IV.

TRANSACTIONS OF THE AM. MED. ASSOCIATION, VOL. 3.

We have received this work too late for extended notice in this number. It looks well, and from a glance over its contents we have no doubt it will prove to be highly interesting to the profession generally. Though not as large as its predecessor contains five hundred pages, save one, and is executed in the same excellent style. A notice of its contents may be expected in our next. In the mean time those of our readers, who prefer to obtain the document for themselves, can do so by remitting three dollars, post paid, to the chairman of the Committee on Publication, Dr. Isaac Hays, Philadelphia. The postage on the volume will be 21 cts. if sent by mail.

ARTICLE V.

EDITORIAL ETIQUETTE.

We owe the *Charleston Medical Journal* an apology for the omission of credit for an article in our last issue. Probably from neglect, quite a number of such omissions occur in our exchanges of late, in reference to original matter taken from our pages. Most of these are placed in their extract departments showing that they are not original, and we will not specify them. But we observe in the New York Medical Gazette our editorial notice of the Concour held in Rush Medical College for Demonstrator of Anatomy, without any thing to show that it was not making its first appearance there. And in the Ohio *Medical and Surgical Journal* our article on the use of Collodion in Erysipelas, by Dr. Freer, looked so much like an original one that the New Jersey Medical Reporter copied and credited it to that journal. This is the second complaint of the kind we have made against the last named journal within a year.

ARTICLE VI.

TILDEN'S EXTRACTS.

We call the attention of Physicians to the advertisement of Messrs. Tilden & Co., in the present number of the Journal. Much attention has been recently devoted to the procuring of reliable drugs. Amongst those who have conferred a favor on the profession in this particular, Messrs. Tilden & Co. hold a prominent position. Many physicians are little in the habit of prescribing extracts, for the reason that many of the articles of this class kept in the shops, are totaly inert. It gives us pleasure to say that the Extracts of Messrs. Tilden & Co. have been thoroughly tested and found to be of most excellent quality. The manner of their preparation is such as to preserve the peculiar properties of the article from which they are manufactured, while they are put up in the style best adapted to preserve them from deterioration. Specimens may be seen at the office of the editors; and the extracts are on sale at the Drug stores of this city. M.

ARTICLE VII.

NEW MEDICAL JOURNALS.

We have received a new Medical Journal published in the city of New York, under the title of the *New York Register of Medicine and Pharmacy*. It is published semi-monthly, at one dollar per annum in advance. The editor is C. D. Griswold, M.D., who, to judge from the numbers already received, will conduct it with spirit and ability. The mechanical execution of the Journal is remarkably good.

We also gave notice some time since, of the prospectus of a new medical periodical to be issued at Keokuk, in Iowa. The first number has come to hand under the style of *The Western Medico-Chirurgical Journal*, edited by J. F. SANDFORD, M.D., and S. G. ARMOR, M.D., Professors in the Medical Department of the University of Iowa. It is issued monthly, (each No. containing thirty-two pages) at two dollars per annum. The present No. contains some very interesting articles, and its appearance is quite creditable to the *Hawkeye* typographers.

We wish both of our new allies better fortune than usually falls to the lot of Medical Editors and Periodicals. M.

ARTICLE VIII.

HOMŒOPATHIC IMPERTINENCE.

The following correspondence appears in one of the Homœopathic Journals with copious comments. It speaks for itself:

St. Charles, Ill., Sept. 12, 1850.

Dr. N. S. Davis—Sir: I am a Homœopathist, from a conviction of the *truth* of the *principle*, and the *efficacy* of the *practice* of Homœopathia. With these views, will you graduate me if I comply with the ordinary requisitions of the Faculty?

Yours, &c., M. DANIEL COE.

Chicago, Sept. 16th, 1850.

M. Daniel Coe—Dear Sir: I am directed to inform you that the Faculty of Rush Medical College *will not* recommend you to the Trustees for a Degree, so long as they have any reason to suppose that you entertain the doctrines, and inten[illegible] trifle with human life on the principles you avow in your letter. To do otherwise would involve both parties in the grossest inconsistency.

Very respectfully yours,

N. S. DAVIS,

Secretary of the Faculty of Rush. Med. College.

ARTICLE IX.

MISCELLANEOUS MEDICAL INTELLIGENCE.

The Transylvania University at Lexington, Ky., the oldest medical school in the West, and one of the most respectable, has reduced the price of its Professors' Tickets from fifteen to ten dollars each.

Dr. Blatchford, of Troy, N. Y., recently induced premature labor. to prevent the necessity of Craniotomy, by M. Cohen's method of injecting tar water into the Uterus, which proved successful.

Dr. Drake has been re-appointed to the Chair of Practice in the University of Louisville.

Dr. Baxley, of Baltimore, Md., has been appointed to the Chair of Anatomy in the Medical College of Ohio, in place of Dr. Shortwell, deceased.

Dr. E. H. Davis, of Chilecotha, O., has been appointed Professor of Nat. Med. in the New York Medical College.

Prof. Mott, of New York, has been elected Emeritus Professor of Operative Surgery and Surgical Anatomy in the College of Physicians, (old school) of New York.

Prof. Peaslee has removed an ovarian tumor weighing 24 lbs.

The Ohio Weslyan University proposes to organize a medical department to be located in Cincinnati, as we learn by the newspapers.

Medical Cliques in New York, it is said in the Medical Gazette, combine to call *each other only* in consultations.

The prospects of the Kentucky School of Medicine are said to be of the most flattering character. A very commodious building, well adapted to its wants, has been secured through the liberality of two citizens of Louisville.

Prof. Wm. B. Herrick has been appointed by the U. S. authorities Surgeon to the Chicago Marine Hospital to take effect when the Hospital opens.

NOTICE TO SUBSCRIBERS.

With the last number of our Journal we sent out bills amounting to over *three thousand dollars*, all of which was honestly due us on the first of last May, and the meagre list of receipts on the cover of this number is all the return we have thus far received. Verily, we must have our money or we cannot pay the printer. Come friends, pay up promptly, and we promise to add to the size and interest of our Journal.

NOTICE TO READERS AND CORRESPONDENTS.

We have received an original communication from Dr. E. S. Cooper.

We have received from Lea & Blanchard, through S C Griggs & Co., a new edition of Dunglison's Physiology, in two volumes; also Copland on Palsey.

We have received Dr. Warren's address before the late meeting of the American Med. Association; Dr. Haywood's Statistics of Amputations at the Massachusetts General Hospital; Prof. Bell's Memorial to the Trustees of the University of Pennsylvania; a Review of Dr. Bell's Memorial; Proceedings of the Medical Convention for the purpose of organizing the Illinois State Medical Society; A Brief History of the Existing Controversy on the subject of Assimilated Rank in the Navy of the United States, by W. S. W. R.; Review of Dr. Drake's Treatise, by Bennett Dowler, M.D.; and our usual list of exchanges.

FOREIGN MEDICAL AND SCIENTIFIC

BOOK STORE & SURGICAL INSTRUMENT DEPOT

169 *Fulton Street, N. Y., (a few doors west of Broadway.)*

H. BAILLIERE,

OF 219 Regent street, London, and Rue Hautefeuille, Paris, has opened an establishment at the above address, for the sale of French, German, and English works, in the various departments of science, (Anatomy, Medicine, Chemistry, Natural History, &c.) a well selected stock of which he now offers to the scientific public. [illegible]ations by every steamer, and all the foreign journals supplied with expedition and regularity. H. B. has also been appointed agent for M. Charriere, the celebrated Surgical Instrument Maker of Paris, for the sale of all kinds of Surgical Instruments, a large assortment of which is now on hand.

N. B.—Catalogues of books and Instruments gratis, on application.

PURE MEDICINAL EXTRACTS.

We would call the attention of Physicians, **Druggists and Apothecaries** to our list of Pure Extracts and annexed testimonials.

TILDEN & CO.,
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Inspissated, Alcoholic, and Hydro-Alcoholic Extracts.

Aconite,
Butternut,
Belladonna,
Bitter Root,
Boneset,
Burdock,
Blood Root,
Blue Flag,
Boxwood,
Conium,
Chamomile,
Cohosh, black,
" blue,
Clover,
Cowparsnip,
Dandelion,
Digitalis,
Dulcamara,
Dock, yellow,
Garget, or Poke,
Gentian,
Hyoscyamus,
Hardhach,
Hops,
Hellebore, black,
" white,
Horehound,
Indian Hemp,
Lettuce, Garden,
" Wild,
Lobelia,
Mandrake,
Malefern,
Mullein,
Oak, white,
" black,
" red,
Poppy,
Princess Pine,
Rue,
Savin,
Sarsap'a, Amer.,
" Rio Negro
" Compound
Thornapple,
Wormwood.

And other varieties frequently used, as soon as they can be reached.

Extract from a letter of Prof. Clark, of the College of Physicians and Surgeons of N. Y., to the Editor of the N. Y. Journal of Medicine:

"I have lately visited the manufactory of these extracts. After inspecting the whole process and examining a large number of preparations I became so fully persuaded that these gentlemen have fallen upon the best plan of concentrating and preserving the active principles, especially of the narcotic vegetables, that I have voluntarily offered to them any assistance that I can render them in introducing their medicines to the notice of the profession; being persuaded that these extracts must possess th efficiency and the uniformity of strength necessary to the successful use this class of remedies, and, I may add, so long sought for in vain.

THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

VOL. III.] JANUARY, 1851. [No. 5.

Part I.—Original Communications.

ARTICLE I.

Crural Phlebitis, occurring in the Male. By DAVID HUTCHINSON, M. D., of Mooresville, Ind.

Sept. 8th, 1850. James McNeff, *ætat* 12 years, large of his age, and of a sanguine constitution, was taken on the 6th, with chill, succeeded by high febrile action, which has continued without remission; pulse 120 per minute and sharp, though compressible; skin hot, tongue swollen, dry, cracked and red; complains of pain in the right hip and thigh, extending from the groin to the knee; the right foot is swollen; he says he cannot walk. Prescribed Calomel 12 grs., Morph. 1-2 gr., divided into 4 portions; to take a dose every four hours, to be followed by a dose of Castor Oil to act on the bowels.

9th. Fever all night: delirium, talks incessantly, frequent sharp pulse, 120 per minute, had two bilious looking evacuations from the bowels, tongue not quite so dry as yesterday, still swollen, coat yellow; still complains of pain in the groin and anterior part of the thigh; the inguinal region some swollen and very tender to the touch; thigh swelled. Prescribed 15 grs. Calomel, 1 1-2 grs. Ipecac, divided into five portions, one every three hours, to be followed by a dose of Castor Oil.

10th. Fever with delirium all night; slight remission of two hours took place this morning, tongue coated, dry and cracked ; pulse sharp, small and frequent ; had two thin bilious evacuations from bowels ; some swelling of inguinal glands , thigh swelled, hot and tender along the course of the femoral veins ; pain in the hip severe, which sometimes extends into the knee and popliteal space. Venesection 8oz., which produced quite an impression on the pulse ; lotion of Plumb. acetas and Mur. Ammon. to the thigh ; give Calomel 2 grs., Ipecac 1-4 gr., Morph. 1-8 gr., every three hours.

11th, Coat removed from tongue, not so dry and swollen, but red and fiery looking ; fever and delirium all night, had a remission this morning and sweat a little ; has had no operation from the bowels since yesterday ; the cold lotion to the thigh gave him much comfort. Continue the lotion and give Calomel 2 grs., Ipecac 1-4 gr. every three hours till five portions are taken, to be followed by a dose of *Oleum Ricini* should the bowels not act, and 3 grs. quinine every two hours, should a distinct remission occur in the morning.

12th. Has had three green looking operations since yesterday ; tongue dry, red and crusted ; sordes on teeth ; delirium at times ; abdomen tympanitic ; pulse sharp, small and frequent ; thigh and hip continues to swell, says he struck his hip against a rail on a fence, before he got sick : he is so delirious that I do not know what dependence to place in this assertion ; the hip shows no bruise nor mark of any kind. Gave him *Hydrargyrum Cum Creta* 3 grs., Morph. 1-8 gr. every three hours, blister to abdomen, and cold lotions to thigh, and quinine should a distinct morning remission occur.

13th. He rested better last night, he is not so delirious, the lotion diminished the pain and suffering in the thigh, he cannot be moved without suffering great pain ; keeps his knee and hip slightly flexed with the foot everted. The femoral vein can be felt like a hard cord under the finger, together with some smaller cord-like substances. The anterior part of the thigh is very tender and he cannot bear it touched ; pulse 100 per minute and sharp ; tongue red, dry and crusted ; blister drawn well; tympanitis of bowels subsided; no discharge from the bowels since yesterday; sweats freely, and took the quinine in the morning remission. Prescribed Calomel 2 grs., Ipecac 1-4 gr. every two hours and lotion to the thigh.

14th. Had two operations from the bowels this morning of a vitiated bilious appearance, passed five *lumbrici*; pulse 100 and sharp; tongue dry, red, smooth and glossy; not so much delirium: pain in thigh severe; thigh hot, swollen and tender; leg begining to swell; he cannot be moved without suffering extreme pain. Gave Calomel 2 grs., Ipecac 1 gr., *Creta ppt.* 2 grs. every four hours, acetate of Ammonia as a diaphoretic; *Spigelia Marilandica* as an anthelmintic.

15th. Had several dark bilious stools, passed eight *lumbrici*; tongue not so red, still dry; sordes on teeth not so thick; pulse 100 per minute and sharp; thigh and leg swollen, painful and hot; the course of the veins can be easily traced from their cord-like feel. Continue lotion, and give 3 grs. Calomel and 1 gr. Ipecac every three hours.

16th. Much in the same condition as yesterday; no delirium; irritation of bowels diminishing. Continue the same treatment,

17th. Much the same; tongue inclined to scurf over, of a dry scaly appearance; pulse sharp, some symptoms of a mercurial impression being produced on the system; the pain in the thigh and groins not so great; complains of pain about the knee; right foot swelling. Give *Pulv. Dover* as an anodyne, and blue mass at night as an alterant.

From this, till the the 26th of the month, he appeared to improve in every respect, with the exception of the thigh and leg, which continued swollen and painful. It was more than double the other thigh; the skin was shining and glistening, and there was no pitting on pressure. He continued to take the blue mass and Dover powder; the pulse came down to 90, although it never lost its sharp beat. The discharges from his bowels became feculent and healthy looking, his appetite became good and craving; his whole body broke out in small pearly vesicles, (sudamina); his tongue lost its fiery appearance and assumed a pink healthy color and moist. On the 26th, a small discolored spot appeared to be sloughing on the sacrum, and another on the external maleolus of the right leg where it touched the bed, by his lying with his foot everted. He yet could not be removed, without suffering extreme anguish. The lead and ammonia lotion appeared to afford him greater comfort than any other local applications. He was blistered on the anterior part of the thigh, which relieved to some extent, the tenderness of the groin. Emaciation continued to proceed rapidly, although I endeavored to sustain his system by appropriate tonics and anodynes as circumstances demanded. On the 2d of October, the sore on the back was as large as a silver dollar and ulcerated to the depth of 1-4 of an inch, with hard elevated edges. The one on the external maleolus, was as large as a ten cent piece, and the foot was much swelled, pitting on pressure with the finger.— Groves' Liniment was applied to the bed sores, which consists of 2-3 dr. Castor Oil and 1-3 dr. Balsam Peru, which appeared to have a good effect on them and prevented further ulceration.

He continued much in the same condition, with good appetite and healthy, regular discharges from the bowels, complaining only of his leg and thigh, until the 9th, when hectic fever began to show itself in the afternoons, which would continue all night. The right foot begins to swell very much, the swelling extending up the calf of the leg, which pitted on pressure. He had also, a slight hacking cough, with slight expectoration of a very fœtid pus. On examination of the lungs with the stethescope, crepitant râles with a sonorous buzzing sound, were audible over the whole right lobes, particularly at the inferior portion: the morbid sounds were not so distinct in the left lobes of the lungs. The pain in the hip and thigh were mitigated to a considerable extent, although he could not be moved without excruciating torture.

On the 12th, the left foot began to swell, indicating effusion into it also; his appetite was good and bowels regular; he continued to cough and expectorate a fœtid pus: several more sloughing patches made their appearance on his back; the glans Penis inflamed and suppurating. I opened it with the lancet, it discharged a table-spoonful of yellow pus.

On the 15th, petechiäe, inky looking spots made their appearance on his fore arms. He complained of pain in the right arm and difficulty of using it, although it did not swell. Aphthae also appeared in the mouth. Suffice it to say, that the inferior extremities continued to swell, the skin shining and transparent, with pitting on pressure, indicating great anasarcous effusion; the petechiäe spread over his whole arms. He continued to cough up a very fœtid pus, which was very disagreeable to the attendants, and worn out with hectic, being greatly emaciated, and his feet and legs greatly swollen, on the last of the month, death terminated his sufferings.

His appetite was good, and his bowels regular till within three days of his death. I may state also that the temperature of the right foot was considerably below that of the left, for two weeks before his death, showing an impeded circulation, through the diseased veins of the right extremity.

Phlebitis generally occurs after injuries, surgical operations, &c., but in this case, no apparent cause was visible, he had enjoyed excellent health up to the period of the present attack. Dr. Robert Lee says, that from a number of cases and dissections, which he had made, crural Phlebitis is not peculiar to women who have been recently delivered, but that it may arise from other causes in the female, and that it has also occured in the male sex; the disease commencing either in the hemorrhoidal, vesical, or in some of the other branches of the internal Iliac veins in consequence of inflammation or organic changes of structure, in one or more of the pelvic viscerea, or in the superficial veins of the leg. Tweedie, Graves and Stokes, speak of it following fevers. In McNeff's case, some of his discharges were of a dysenteric character, and probably the disease had its origin in some of the hemorrhoidal veins; the hectic, disease of the lungs, and the general ulcerative disposition of his skin, when it was in contact with the bed, was the consequence of purulent matter getting into the circulation from the diseased veins. In some of Dr. Lee's cases, similar consequences, took place. He relates cases of destructive inflammation of the eyes, and also cough and fœtid expectoration, in connection with crural Phlebitis. The same also follows injuries and surgical operations.

Part 2—Reviews and Notices of New Works.

ARTICLE I.

Materia Medica and Therapeutics, with ample illustrations of Practice in all the departments of Medical Science, and very copious notices of Toxicology, suited to the wants of Medical Students and Practitioners. By THOMAS D. MITCHELL, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine; formerly Professor of Chemistry and Pharmacy in the Medical College of Ohio; Professor of Chemistry and Materia Medica in the Medical Department of Transylvania University, Lexington, Ky.; Lecturer on Obstetrics and Diseases of Women and Children; Author of "Elements of Chemical Philosophy," "Hints to Students," etc., etc., etc. Philadelphia, Lippincott Grambo & Co., successor to Grigg Elliot & Co., 14 North Fourth St., 1850, pp., 738, 8 vo. (From the Publishers, for sale by J. Keen Jr. & Brother, Chicago.)

This is a volume containing many excellences, and abounding in blemishes. It is not in our power at this time to review the work thoroughly, but we will endeavor to illustrate the remark with which this article is begun, by a rather cursory reference to Prof. Mitchell's book.

He begins by a long and somewhat rambling introduction, devoted partly to the purpose of a preface, and partly to the *modus operandi* of Medicines. In this he tells us that this volume contains the substance of his lectures as delivered during eleven winters at Lexington. He informs us that he has omitted a large amount of details of the Chemical, Natural, and Botanical history of medicines, supposing it to be better than to swell the volume by adding them. The plan is good, but the defence of it is radically bad. It is not because these details are unimportant, that an author is at liberty to omit them, but because they are sufficiently accessible to the profession through other channels; and if we were disposed to be rigidly critical, we might say as much concerning quite a large proportion of the contents of this volume; for if the author had taught us only what was new, we apprehend a small *duodecimo* would have been more to the purpose than a corpulent *octavo*.

We quite agree with him in his belief that the alphabetical arrangement of the articles of the Materia Medica, is much better than any other method of classification, for it would be both burdensome and profitless to treat of a single article under two or more distinct classes. His remarks upon the *modus operandi* of medicines are judicious, and show an independence of hypothesis which is quite noteworthy; but we cannot see that they add greatly to our stock of knowledge on this difficult subject.

The most obvious fault of the book, one indeed which can scarcely fail to be recognized by the most superficial observer, is the inexcusable carelessness with which it is written. Many a lecture will pass muster very well before an audience, which when read will appear in quite another light; and many an anecdote which will set on some quantity of barren spectators to laugh, will be very flat in the perusal. A good lecturer will often prove an indifferent writer, and it requires something more than a good story-teller to convey the point of an anecdote in print. That these remarks are applicable to the work before us, we think no one who will read it can doubt. For instance we find the word *balance* used in the sense of residuum or remainder, and many other vulgarisms equally reprehensible in a standard author; whilst many stale anecdotes are violently lugged in, as it were by the head and shoulders, in the most *mal apropos* manner imaginable.

Another objection that presents itself, is the dogmatic and reckless manner in which the author makes assertions that are to say the least, matters of honest difference of opinion. We doubt whether this is proper even in lecturing before students; but we do know that in the judgment of practical and intelligent physicians, such a method of procedure savors more of the pedagogue than the philosopher.

Passing over the first few pages of the volume, we come to the article *Alcohol*, under which the Professor pauses to consider the Temperance question. After entering his protest against the general use of alcoholic tinctures, he gives utterance to the monstrous assertion that "a large majority of the sots have been made so by the doctors, through the agency of alcoholic medicines." Now we venture to affirm that a more incorrect statement was never couched in bad English. The Professor's remark will doubtless be cited as authority by ranting lecturers, much to the disgust of rational people, and the detriment of the temperance cause. Sweeping assertions of this character, unsustained by any proof whatever, serve no purpose but to prejudice the cause, however good, that the author may advocate. A little further on, the Dr. undertakes to show that alcohol is a poison, although many doubt it. To sustain his position he adduces some curious examples; for instance one man "died in tantly after drinking eight pints of brandy for a wager," and another after drinking a [gallon, we suppose,] bottle of whiskey, and still another had his health seriously injured, by swallowing eight ounces of alcohol, and a boy was nearly destroyed by drinking a pint of gin. Now most intelligent physicians of the present day are agreed, that the habitual use of alcoholic liquors, in moderate quantity, by persons in good health, is much worse than useless; but we apprehend that Dr. Mitchell is the first one to whom it ever occurred, to substantiate the doctrine by citing such terrible illustrations of the fatal effects of enormous quantities of liquor. No man in his senses will doubt that eight pints of brandy drank at one sitting, would kill any man, so, probably, would the consumption of fifty pounds of bacon at a single meal. We are well aware that eight ounces of alcohol at a draught, would produce serious derangement of the digestive and nervous system; but five gallons of milk could not be taken at once without serious inconvenience. So far the argument is as strong against the bacon and milk, as against the alcohol, and this is precisely where the Dr. leaves it. He does not cite either authority or example, which are so abundant, to show that the habitual use of wine, brandy &c., begets diseases of the stomach, liver, and brain, with dropsies, gout, apoplexy, *et cetera*; but simply endeavors to prove that brandy in any quantity must be injurious, because eight pints of it will kill a man; a more obvious *non sequitur* one cannot imagine.

A little further on our author illustrates the moral effect of wine-bibbing, by such apposite illustration as the following:

"*Plutarch's Morals*, published in 1718, at London, has these remarks: 'They usually prove wine-bibbers and drunkards, whose parents begot them when they were drunk; wherefore Diogenes said to a stripling somewhat crack-brained and half-witted, 'surely, young man, thy father begot thee when he was drunk.'' And Burton, in his celebrated work, called *Anatomy of Melancholy*, remarks, 'If a drunken man gets a child, it will never, likely, have a good brain.' The reasoning connected with these reflections is too copious for our present purpose, but suffices to show that alcohol is the most persuasive of all poisons, and the most ruinous by far, to society.

Now we protest against all such temperance arguments as Prof. Mitchell's and hope that in his next edition he will see fit either to modify or omit them.

One recommendation of the volume is, that it is not burdened as some works on Materia Medica, with a long list of articles, which have ceased to be used by the profession, and another is that the author seems to have well kept in view, his intention to make the work as practicle as possible.

As we observed before, we cannot review the volume, at any great length, but have merely hinted at its prominet merits and defects. We have no hesitation in saying that it contains a great deal of useful information, and a rigid revision would secure it a much better reputation than it can ever attain in its present shape. M.

ARTICLE II.

On the Causes, Nature and Treatment of Palsy and Apoplexy: of the Forms, Seats, Complications, and Morbid relations of Paralytic and Apoplectie Diseases By JAMES COPLAND, M. D. F. R. S., Fellow of the Royal College of Physicians; Honorary member of the American Philosophical Society, and of the Royal Academy of Medicine, of Belgium, Fellow of the Royal Medical and Chirurgical Societies of London and Berlin; lately consulting Physician to Queen Charlotte's Lying-in Hospital; Consulting, and lately Senior Physician to the Royal Infirmary for Diseases of Children; formerly Senior Physician to the South London Dispensary, etc. etc. Philadelphia, Lea & Blanchard, 1850, pp., 326, 12 mo., (From the Publishers, and for sale by S. C. Griggs & Co.)

This excellent and elaborate monograph is from the pen of the eminent author of the Dictionary of Practical Medicine, in which a portion of the volume has already appeared. But excellent and elaborate as it is, the volume does not present to our notice much that is really new, concerning the nature and treatment of Palsy and Apoplexy. Indeed, our author refers more frequently to old than modern authorities; and lays more stress on discoveries and doctrines promulgated by himself thirty years ago, than upon anything he has latterly achieved. But as a clear and concise summary of the present state of our knowledge of the diseases treated of, abounding in references to a vast array of authorities, both ancient and modern, all comprised in a small compass, it is certainly worthy a place in every Physician's library.

We apprehend that the most interesting portion of the volume, is that which treats of the connexion and complication of Palsy and Apoplexy with other diseases. These connections, according to our author, are not only important, but various and perplexing, in many cases rendering a diagnasis extremely difficult. We find these diseases in many cases connected with, or related to Insanity, Epilepsy, Chorea, Neuralgid, Hysterics, and even Rheumatism, requiring the most consummate skill and discrimination, for their proper diagnosis and treatment. These complications Dr. Copeland appears to have investigated with much attention, and we regard the results of his labors as very valuable.

Whilst giving due credit to other authors, for their discoveries in this department of Medicine, our author takes occasion to remind us in very emphatic terms that he will insist on having credit for his own,—that the laurels he has plucked, he will wear, gainsay it who may. This is all well enough. There are plenty of Medical as well as literary pirates, and for our own part, although as tender-hearted as Uncle-Toby himself, we can see them strung up at the yard arm, with entire complacency. Some may think Dr. Copeland a little querulous on this topic; but if a man does not defend his own right, it is morally certain no one else will. M.

ARTICLE III.

Researches upon the Necropolis of New Orleans, with brief allusions to its vital Arithmetic. By BENNETT DOWLER, M. D. &c.

Dr. Dowler is noted for his patient, industrious researches, and the present pamphlet is evidence that there is at least one physician whose conscience does not warn his feet from the cemetery. The pamphlet before us is written in defence of the salubrity of New Orleans, concerning which, the Dr. assures us, people have very erroneous notions. That the rate of mortality is excessively great in that city, he does not pretend to deny; but his inspections of the epitaphs in the cemeteries, go to show that the great destruction of life is amongst emigrants and other unacclimated persons, while the native and acclimated population attain to as great an age as elsewhere. He makes out a pretty strong case, and we are pleased to learn that the "Wet Grave-yard" is not such a terrible place as it has been represented.

While we are disposed to commend Dr. Dowler for the enthusiasm and industry which he has so abundantly displayed in the cause of Medical science, we regret to notice that his articles are so obnoxious to literary critcism. The style is at times labored, and frequently obscure, with a tendency to digression: there is also a fondness for the use of *outre* phrases, which are a serious blemish to a style which in the main possesses much vivacity. M.

ARTICLE IV.

On the comparative liability of Males and Females to Insanity, and their comparative curability when insane. By EDWARD JARVIS, M. D., of Dorchester, Mass., pp. 32, 8 vo. (From the Author.)

This is an extremely interesting and valuable document. We regret that our limits will not permit us to quote largely from it; we must therefore content ourselves with a mere statement of the author's conclusions.

It would seem that males are more liable to insanity than females, although some countries are an exception to the rule; for instance Belgium and Norway. This is what we would naturally infer from the fact that men are more exposed to the exciting causes of the malady. Amongst males by far the most frequent cause of insanity seems to be intemperance, next to this is hereditary tendency: amongst women the most powerful cause is impaired health; and next to this ranks domestic trouble. Women also appear to be more frequently than men, affected with hereditary insanity.

From the reports of 189 Lunatic Hospitals, we find that amongst the males the recoveries amount to 40,6 *per cent.*, amongst the females to 43,9 *per cent.* Dr. Jarvis' explanation of this singular fact is doubtless as correct as it is philosophical. It amounts to about the following: That the causes which beget insanity in the male, are such as frequently produce structural lesions, whilst amongst females the preponderating causes are functional derangements. With this fact in view, we have no difficulty in reaching the third proposition in this pamphlet; that the rate of mortality of the insane, is much greater amongst males than females, the ratio of the latter to the former being as 15 to 21.

From pretty extensive research, Dr. Jarvis concludes that the ratio of mortality from nervous diseases is much higher among males than females, including both sane and insane. Of 2,169,875 deaths, of which 1,163,198 were males, and 1,066,677 females, 16,15 *per cent* of the males, and only 13, 85 *per cent* of the females died of nervous disorders. This little piece of statistics will doubtless astonish those doctors who are always assuring the ladies that their complaints are "all on the nerves;" or, supposing that women are really more liable than men, to nervous disorders, it may serve to explain the origin of the old saying, that "a sickly woman never dies.'

M.

ARTICLE V.

Human Physiology. By Robley Dunglison, M. D., Prof. of the Institutes of Medicine in Jefferson Medical College, Philadelphia; Vice President of the Sydenham Society of London; Secretary to the American Philosophical Society, etc., etc. With nearly five hundred illustrations—seventh edition, thoroughly revised, and extensively modified and enlarged. In two volumes. Philadelphia, Lea & Blanchard, 1850, pp., 1416, 8 vo. (From the publishers, for sale by S. C. Griggs & Co., Chicago.)

As this is a standard work already well known to the profession, we have merely to say that the author has bestowed much labor on this edition, in order to bring it up to the present state of Physiological knowledge, and has enriched it by the addition of numerous illustrations. We cannot but think that the motto prefixed to the work is unfortunate.

"Vastissimi studii primas quasi lineas circumscripsi." It is enough to discourage the most resolute beginner in physiology to be informed that these portly volumes are merely *primas quasi lineas.* M.

ARTICLE VI.

A Treatise on the Diseases and Physical Education of Children. By JOHN EBERLE, M. D., late Prof. of the Theory and Practice of Medicine in Transylvania University, &c. &c. &c. Fourth edition, with notes and large additions, by THOMAS MITCHELL, A. M., M. D., Prof. of the Theory and Practice of Medicine in the Philadelphia College of Medicine; late Prof. of Materia Medica, and Therapeutics in Transylvania University; lecturer on Obstetrics, and the diseases of women and children, &c. &c. &c., Philadelphia, Lippincott, Grambo & Co., successors to Grigg, Elliot & Co., No. 14 North Fourth St., 1850, pp., 768, 8 vo. (From the publishers. For sale by J. Keen Jr. & Bro., Chicago)

Prof. Mitchell informs us that he had it in contemplation to prepare a new work on the Diseases of Children; but the fact of the publishers having in their possession the stereotye plates of Eberle's work, induced him merely to add a supplement thereto. We think his original design was the best, for we do not think a new edition of Eberle was called for, and the possession of stereotype plates surely was not sufficient reason for its publication. When Eberle's work was published, it was a very fair book, but no physician, who has kept pace with the improvements in this department of Practical Medicine, would now recommend it as a guide for students.

In the sequel Dr. Mitchell has given a very interesting and pretty complete summary of the existing condition of this branch of Practical Medicine, although he has allowed some matters to escape his notice, for instance he has made no mention of Dr. Brainard's method of treating Spina Bifida, which we think he might have noticed, and which, to say the least, would have been interesting to his readers.

The book is beautifully printed on very good paper, and is very substantially bound. M.

ARTICLE VII.

First Book on Anatomy, Physiology, and Hygiene, for Grammar Schools and Families.

A Treatiseon Anatomy, Physiology, and Hygiene: designed for Colleges, Academies, and Families. By CALVIN CUTTER, M. D., author of Anatomy, Physiology, and Hygiene, for Colleges, Academies and Families; second book on Anatomy, Physiology, and Hygiene, for Academies, Schools and Families; anatomical outline plates for schools, &c. Boston, Benjamin B. Mussey & Co. (From James Andrew, 42 West Randolph St., Chicago.)

Some one in commenting on the adage that, "A little learning is a dangerous thing," takes occasion to remark that no learning is still more dangerous, and we quite agree with him. At any rate it cannot injure boys and girls to study the fundamental truths of Anatomy, Physiology, and Hygiene. These volumes are well designed to fulfill this purpose, and we therefore cheerfully recommend them to the notice of Physicians, Teachers, and the community at large. M.

Part 2.—Original Communications.

ARTICLE I.

Notice of the Report of the Committee on Medical Sciences, of which USHER PARSONS, M. D., of Rhode Island, was Chairman. By A. B. PALMER, M. D., of Chicago, Ill.

This report, occupying fifty pages of the published transactions of the National Association, for 1850, is before us, and we are happy to find that the Committee not following the course of their predecessors, have obeyed the "regulations" under which they were appointed, and have confined themselves to the consideration of "the progress of the Medical Sciences in *America* during the year of their service."

By treating only of subjects assigned to them, and confining their researches to this country, and the year of their service, their report is rendered much shorter than that of the preceding year—a circumstance we do not regret. These reports have been too lengthy to be listened to by the Association before being referred to the Committee on Publication, thereby endangering the putting forth of sentiments not approved by that body; and they have been too voluminous to be embraced within a volume of convenient size. We have brought to us in the various foreign Retrospects and Abstracts, a very perfect synopsis of the improvements in the various departments of the profession abroad, rendering their re-publication here unnecessary; while the accounts of the improvements in our own country are scattered through numerous local journals, or exist only in the private note-books of experimenters and observers, and require to be judiciously collated, for preservation and reference. We agree with the committee in the opinion, that there is a greater evil than the inconvenient length of the reports, in the introduction of maters from abroad. "It impairs the vigilance and industry necessary to the accumulation of intelligence purely American." They justly say, "in a country so widely extended, it is a laborious task to gather materials for such a purpose. Many interesting facts must occur which never come to the knowledge of a committe, even when foreign matter is excluded, and still more must this be the case when the labor of collecting domestic matter càn be diminished by substituting foreign."

We cannot but express the hope that the example of this committee in strictly adhering to the letter and spirit of the law of the Association will be followed by all the committees of that body hereafter.

In pursuing the proper subject of the report, the committee have contented themselves with presenting an abstract of the labors and conclusions of others without often making suggestions or expressing opinions of their own.

Under the head of *Anatomy* and *Physiology*, the first subject referred to, is the "Arrangement of the Cancelli in Bones," by that very excellent Anatomist, Prof. Jeffries Wyman of Harvard University. His general conclusions are thus briefly stated:

"1. The cancelli of such bones as assist in supporting the weight of the body, are arranged either in the direction of this weight, or in such a manner as to support and brace those cancelli which are in that direction. In a mechanical point of view, they may be regarded in nearly all these bone as a series of 'studs' and 'braces.'

"2. The direction of these fibres in some of the bones of the human skeleton is characteristic, and it is believed has a definite relation to the erect position, which is naturally assumed by man alone."

It would âppear from the statements/and illustrations given, that in the minute structure of the bones, as indeed is the case in every part of nature, the most accurate adaptation of means to ends is observed. To this conclusion, as we advance in the knoweldge of nature, we should expect to be brought ever; yet each new illustration of the principle of universal adaptation and design, adds an item to its confirmation.

The next subject presented in the report, is the "Capacity of Crania in the different races of Man," as shown by the investigations of Dr. Samuel G. Morton, Author of "*Crania Americana*:" but as these facts have been so generally published in the Journals, specifications of them here are not deemed necessary.

While the researches of Dr. Morton have shown that the capacity of the Negro Cranium is greater than that of several other varieties of the "family of man," some observations of Dr. John Neill of Philadelphia, next referred to in the report, seem to indicate that the African race is a lower variety of the species than any of the others whose skulls are found in the immense collection of Dr. Morton which adorn the Halls of the American Academy of Natural Sciences. The principle and facts from which this conclusion is drawn, are the following:

Professor Agassiz has propounded the law, that "in the different formations through which animals pass, from the first formation in the embryo up to the full grown condition, may be found a natural scale, by which to measure and estimate the position to ascribe to any animals." According to this law, the persistence of a fœtal stage of formation in the adult, would mark the race to which it was peculiar as a lower variety. Dr. Neiil has shown by extended observation, that certain embroyic conditions continue in the African cranium with vastly greater frequency than in any other race which has been examined; and that these conditions are not found at all in the crania of Caucasians.

One of these fœtal peculiarities, is "the division of the articulating surfarce of the occipital condyle into two faces by a transverse ridge or groove." Another is, "the absence of a sharp edge at the lower boundary of the anterior nares, running from the superior edge of the nasal process to the anterior nasal spine," and other bones of the Negro skull, Dr. N. alledges, exhibit similar facts.

Of the correctness and and universal applicability of the law stated by Prof. Agassiz, and of the significance and importance of these alledged peculiarities in the bones of the African head, we are not prepared to express an opinion, but will venture the remark that the position which the Negro should occupy in the scale of rational and social beings, must be determined by other circumstances than such slight anotomical peculiarties as are designated by Dr. Neill. These, with other physical peculiarities, however, will have their influence in determining his position in natural history.

We further learn on the subject of the different Races of Man, from our report, that P. A. Brown, L. L. D., of Philadelphia, maintains in opposttion to the opinion of Dr. Prichard, that the covering of the head of the Negro is wool and not hair. Dr. B. sustains his views by microscopic observations according to which, hair is more complex in its structure than wool.

An improved method of vascular injections for Microscopic Researches, by Dr. P. B. Goddard of Phila., and a new mode of "Direct Exploration of the Eye," by Dr. T. Wood of Cincinnati, are briefly referred to.

Dr. Bennett Dowler's experiments of the Motor Powers, made by vivisections of the "Great Saurian of Louisiana," and the singular results produced, are next noticed. With these, the readers of this Journal have been already furnished. The committee say, that "Dr. Dowler is a bold experimenter, and his laudable zeal and industry have already added many valuable facts to medical science, and we doubt not his future labors will either strengthen or correct the opinions he has advanced." As the task of drawing up the next Report on Medical Science will devolve on Dr. Dowler, we shall expect that his labors in his favorite field, during the present year, will not be abated.

The report states that on the subject of the Formation and Developement of Organic Cells, the essential organic element of animal and vegetable bodies, some of the statements of Schwann and Schleiden, which have been the received doctrines since their discoveries, as applicable to all living forms, has been questioned by Dr. W. J. Burnett, in a communication laid before the American Association for the Advancement of Science, at its late meeting in Cambridge.

The statement of the German discoverers is, that nuclei apappear in organisable liquid, and that the growth of cells is *upon* and *around* these nuclei, while Dr. Burnett's observations on epithelial cells of the mucous membranes, and on pus-cells, the result of inflamation, have brought him to the opinion, that the nuclei themselves expand into hollow spheres, containing a fluid at first clear, then cloudy, at length giving rise to nuclei, developing in this way a neucleated cell. These nuclei expand into cells as before, bursting the original one, becoming themselves possessed of nuclei, and thus the multiplcation and growth goes on. These discrepancies of opinions among microscopic observers, upon points hitherto considered sufficiently established, must tend to destroy confidence in the precision and accuracy of their observations.

We next find a notice of some observations by Prof. J. W. Draper of N. Y., on "Allotropism in the Living Organic Elements," which we regard of sufficient interest to introduce entire.

"It is not necessary to explain the meaning of this term. which is applied to ignorganic and elementary bodies that appear in differen forms, assuming different physicsl and chemical relations. The three leading neutral nitrogenized bodies, fibrin, albumen and casein. are in a remarkable manner allotropic. First, they are mutually convertible, hardly deserving to be called distinct substances more than charcoal, plumbago, and diamond, allotropic forms of carbon. Again, each one of them easily assumes new forms; one variety of fibrin being soluble in water, another being not so, &c.

"Of the agents which, in the inorganic kingdom bring about these changes, the imponderable principles are the most important. Dr. Draper believes that the nervous system has a similar power of changing the allotropic condition of these proximate elements of the body, and that the existing allotropic state of an organized molecule determines whether it shall yield to the oxidizing influence of arterial blood, or not, 'that this is the fundamental fact on which all the laws of interstitial death depend.' He suggest that inflamation may begin by an allotropic change in the soft solids of the part, disposing to more active oxidation. Hence, according to the laws of circulation he has formerly so beautifully developed, an increased afflux of blood would result. Hence, too, a higher proportion in the urine of urea and sulphuric acid, results of the oxidation of the proximate elements above named. In congestion, these conditions are all reversed. This view seems to harmonize with the facts, and presents them more clearly to our minds."

The report proceeds to state some experiments of Prof. J. Blake of St. Louis, for the purpose of ascertaining the quantity of blood in the body, which led the experimenter to conclude that the quantity is less than has been supposed. The weight of the blood of a Dog, the animal experimented upon, is estimated at one-eigth, or one-ninth of that of the whole animal.

The subject or Lymph-Corpuscles being visible in Dried Blood under the Microscope after moisteing, and where the colored blood-discs could not be recognized; of the relation of the Nitrogen of the Air to Respiration and Voice, by Prof. Moultrie, and of Parasitic Life by Dr. Leidy of Philadelphia, and Dr. Bowditch of Boston, are successively referred to. A practical remark respecting the animal and vegetable parasites that affect the human teeth, by Dr. Bowditch, is worrthy of record—it is that Tobacco Juice and Smoke did not impair their vitality, neither did most of the popular toothwashes, while *Soap* destroyed them instantly. Pure White Soap he therefore recommendsa s by far the best substance for cleansing the teeth.

The subject of Endemic, Epidemic and Contagious Diseases, next occupies the attention of the committee. The work of Prof. J. K. Mitchell on the cryptogamic origin of Malarial and Epidemic Diseases is named, and the pamphlet of Prof. J. Knight, on the propagation of communicable Diseases, and the articles of Prof. S. H. Dickson on the same subject are epitomised. The conclusions to which Dr. Knight arrives on this subject, are briefly stated as follows .

"1st. All febrile diseases, of a typhoid and malignant type, depend upon, as their predisposing cause, a certain endemic or epidemic constitution of the atmosphere. What this state is, is entirely unknown.

"2d. This epidemic constitution, aided by the common exciting causes of disease, is at times sufficient to produce them.

"3d. Whenever this epidemic constitution is present, they will be communicated from the sick to the well, and the communicability is a common cause of their propagation."

Prof. Dickson mentions two essential characters of contagion. "The matter which produces such disease, must be germinal and self-multiplying, and this reproduction must depend upon or be favored by the very process of disease which itself gives rise to. The essential matter of contagion is not isolated and examined by itself, and is too minute to be studied with the microscope. It exists in the cells of cancers —in the newly produced fluids of the exanthemati—in the pus-globules and ichor of certain specific diseases—in conection with animalcula or fungus vegetation—and lastly, diffused through the blood or certain normal secretions. But it is distinct from all these visible forms which accompany it—it is contained in these fluids—associated with these organic forms, but is not identical with them. In febrile contagious diseases the contagious matter radiates, but in non-febrile contagious diseases, contact is necessary to propogation. He further suggests that *perhaps* the germ of variola may grow and multiply in another nidus than the human body, which is its per habitation."

With this view of contagion, he regards typhus, pertussis, puerperal fever, dysentery, yellow fever and cholera, as they become epidemic, are self-propagating, and easily spreading from a focus, as necessarily contagious. He particularly insists upon this being the case in regard to cholera, and that its germ is proved to be organic and have its nidus in the human body. In the case of typhus, pertussis, puerperal fever and dysentery, and we might add erysipelas, facts decidedly favor this view; but in the case of cholera, the writer of this article is decidedly of another opinion.

On the subject of contagion and infection, there seems much vagueness of thought and expression with many writers, and we are sorry to class Dr. Knight among the number. Dr. Dickson goes farther down to the foundation of his subject, and considers the question of the cause and essential nature of contagion, and properly, as we think, places it in a material and specific poison—a substance, the particles of which are too minute to be seen by glasses, but which nevertheless have a distinct physical existence, probably organic. We place the cause of infectious diseases in a similar *Materia Morbi*; but we, unlike Dr. Dickson, make a distinction between infection and strict contagion; and our distinction is this—that in a strictly contagious disease the *Materies Morbi* is ordinarily produced and multiplied only in the bodies of persons laboring under the disease, while in an *infectious* disease the material cause is produced and multiplied exterior to, and independent of the body in a state of disease. In this latter class we place the poison which produces Cholera, and we therefore consider this an infectious, not a contagious disease. The poison of an infectious disease may be portable—may be carried on ship-board from New York to Folly Island, or New Orleans, as it has been carried—or may be spread by its own independent and inherent powers of multiplication, when circumstances are favorable, for many miles across uninhabitated and untraveled deserts, as we believe it has been known to have been. It may select particular localities in a city—particular sides of streets—particular stories of buildings—like swarms of insects or clouds of fungous sporules—may appear most abundant where conditions of soil, atmosphere, moisture, electricity, &c., are most favorable for its existence and multiplication—it may spread rapidly and exist in large quantities where these are favorable—or if germs be brought into localities in these respects unfavorable, they may fail to multiply, or succeed to so limited an extent as to show only slight signs of their existence, affecting only persons most strongly predisposed, and soon disappear. We shall not attempt to say what this poison is—whether an *animacule*—a vegetable sporule—an organized germ cell, or a chemical product formed from elements in the atmosphere. One of the four we conceive it must be, which, we do not know; but of one thing we are confident, that upon the hypothesis of a material poison, as the cause of cholera, produced and multiplied independently of the bodies of the sick, *all* the facts in this widely spread, terribly fatal, and ever identical disease, can be accounted for; and *only* upon this hypothesis *can* they be accounted for.

As a single argument against the doctrine of the contagion of cholera, we mention the fact sufficiently attested by observation, that in a locality where the disease is prevailing, those in close proximity and contact with the sick, are not a whit more liable to an attack, than those who avoid such proximity and contact. Location makes a difference, but the presence of the sick does not. There is not, to our mind, the slightest evidence, that, as in the case of small-pox, the poison is produced in the bodies of the sick, and communicated from their bodies to others, which is the essential quality of contaion, but all the evidence tends to the conclusion that it is not.

These remarks may be considered dogmatical; assertions without proof; but we must be content for the present with a mere statement of some of our opinions on this subject, not having space in this article for an extended reference to facts, or for a course of arguments to illucidate and sustain them.

Irregular Malarial Diseases by Prof. Kirtland; Re-Vaccination by the late Dr. Fisher of Boston; the Pathology of Cholera, from theexcellent "Report on the Cholera in Boston in 1849"; and from the committee appointed to examine the condition of the intestines in this disease, by the College of Physicians of Philadelphia, are next noticed by our committee; and although possessing interest, yet not much novelty, we are compelled for want of space to pass them over.

A valuable contribution from Prof. Austin Flint, on "Serous Effusions into the Cavity of the Arachnoid," is next presented. This pathological condition, Dr. Flint considers as having been generally and improperly overlooked of late; believing it, as he does, a frequent cause of death. The fluid during life gravitates towards the spine and presses on the Medulla Oblongata, producing derangement of the functions whose nerves are derived therefrom, viz: respiration and deglution. Dr. F. thinks this effusion liable to occur as an incident in the course of various affections, being immediately produced by celebral congestion, and without premonitory symptoms by which it can be predicted; that it is not an unfrequent cause of sudden deaths, such as are ascribed to cerebral congestion, or effusion within the ventricles; and that it causes death by *apnœa*, from pressure on the medulla oblongata.

It is distinguished by the sudden developement of grave cerebral symptoms as coma without paralysis; disordered respiration, without proportionate disturbance of circulation; lost or impaired deglutition without disorder of intellect, if the patient can be aroused—all these symptoms not preceded by signs of meningitis, and rapidly and almost surely tending to a fatal result by suspension of respiration. He expresses doubts whether much can be expected from treatment.

We regard the subject as one of much interest, and which requires further investigation.

A new form of Cerebral Disease, described by Dr. L. V. Bell of the McLean Hospital for the Insane, Massachusetts, is next presented; and as Dr. Bells observations are of much interest, and are well condensed by the committee, we shall give their language on the subject nearly entire. We the more readily give place to this, as those having charge of institutions for the Insane are constantly complaining of the mistakes of physicians in cases of insanity generally, and particularly in those of this kind. They state that cases are often sent to Hospitals which from their rapidity had better be kept at home, while others are not sent sufficiently soon; and they also complain of the too general, profuse and indiscriminate abstraction of blood, and the too free use of other depleting measures. Whether these complaints are in all cases, well founded, we are not prepared to say; but the fact that they are so generally made by those who make insanity a speciality, is sufficient to arrest the attention, and call for the deliberation of every medical man. The report says,

"This new form of disease, often witnessed in hospitals for the insane, which, though generally passing for acute mania, really differs from that and every other affection of the brain, and may be easily recognized after being once noticed. It is marked by the following peculiarities: It attacks abruptly, and generally within a week compels a resort to the hospital. The want of sleep has then become extremely urgent. There are no signs of undue arterial action in the pulse. The delirium is suspended for a moment or two by an effort of attention. There is a loss of appetite and loathing of food, accompanied with the idea of its being poisoned or filthy. The hallucinations are characterised by an indefinite sensation of distress and horror, and the patient is not easily soothed by management, as in other cerebral affections. Although resembling at first sight the advanced stages of typhoid fever, especially in its delirium, it has none of the characteristic external marks of this disease. It is for the most part fatal, and runs its course, whether to death or recovery, in three or four weeks. It differs from mania in the following particulars. The mental disturbance is rather the delirium of bodily disease than of mania. The loss of appetite, want of sleep, and especially the sudden loss of strength, are seldom witnessed together in mania. The rapidity of its course, too, may be considered as a diagnostic symptom. It is distinguished from delirium tremens by the absence of the cause; by the character of the hallucinations, which are indefinite impressions of personal danger and sinfulness, rather than serpents, devils, sheriffs, vermin, &c.; by the absence of the pathognomonic perspiration of delirium tremens; and by the fact that the latter is limited to eight or ten days, generally terminating in recovery after a long and refreshing slumber. From meningeal inflammation it differs, in wanting the pulse of inflamation, in the absence of pain in the head, of intolerance of light, and of high raving delirium, all which are usually present in meningitis. The only treatment which seems to promise relief, consists in opium, and the alcoholic and diffusible stimuli liberally used.*

The committee next refer to "Etherization in Insanity." It appears from the statements of Dr. Ray of Butler Hospital, R. I., corroborated by Dr. Bell, that only slightly beneficial effects are produced by it.

The report next gives a summary of a communication from Mr. J. B. Richards, Principal of the School for Teaching and Training of Idiots, at South Boston, Mass. This State usually among the first in the prosecution of every good work of Science and Benevolence, has established this experimental School, numbering last March, when we had the pleasure of visiting it, some twelve or fifteen children and young persons, selected with with a view to variety, from the different classes of idiots; ranging from those that are merely simpletons, down the lowest grade of helpless deformity, and pitiable amensia. The plan of management appears simple and philosophical; and the improvement made in the condition of many of those unfortunate beings, according to the statements of the Principal, who is evidently entirely devoted to his pursuit, is highly gratifying.

According to the communication of Mr. Richards to the

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*American Journal of Insanity, October, 1849.

Committee, out of 408 cases of idocy investigated under the auspices of the State, 302 were congenital, throwing the responsibility of three fourths of the cases upon the parents, and the intimation is made that the condition of the remainder would have been greatly modified, had their parents possessed good constitutions, and observed the laws of health, as *every parent* should do, who takes the responsibility of bringing a human being into existence.

The report proceeds: "Believing that idocy results in a great measure from a low condition of the parents' vital forces, Mr. Richards enumerates the following agents which produce this condition; alcoholic drinks, licentiousness in all its forms, gluttony, exhaustion from too great mental or physical labor, weakness resulting from the want of sufficient mental or bodily exercise, low and insufficient diet, and unhealthy occupations."

A tabular view of a large number of cases showing their particular causes so far as could be ascertained is given—but our space will not allow us to transcribe it. In those cases not congenital, perverted sexuality is by far the most frequent cause.

We have traveled somewhat out of our way in noticing this school for the education of idiots, because these unfortunate beings, many of them susceptible of great improvement, have been almost universally neglected, so far as public systematic efforts are concerned, to improve their condition, this institution being the first of the kind, at least of a public character, ever undertaken in this country.

Neo-macropia—or a peculiar kind of abnormal vision not before noticed, by Prof. C. Dewey; a case of *Spontaneous Hydrophobia*, by Dr. Condie; Augina Pectoris. by Dr. S. Kneeland of Boston; Cerebral Symptoms in Heart Disease, by Drs. Flint, and D. J. C. Cain, are next successively noticed. On the subject of the pathology of Augina Pectaris, Dr. Kneeland comes to the conclusion that the disease consists in derangement of the *moter filements* of the par vagum, and that this nerve may be affected with "Neuralgia and rheumatism, with inflamation, it may be compressed by morbid growths; its spinal origin may be compromised by hemorrhage, accidental wounds, and various irritations, all of which may cause the symptoms of this affection." He adds that "in addition to the remedies of the books, special attention should be given to the inhalation of oxygen, and to the use of electricity."

The causes of Pulmonary Consumption are next briefly referred to. Dr. Condie stated, that "since more attention had been paid to the collection of correct statistics, consumption has been shown to be the disease rather of civilized life than of locality or climate." High southern, and high northern latitudes are now considered nearly alike favorable to the developement of the disease. "Besides hereditary influence, long-continued sedentary occupations, indoor confinement, particularly in narrow, ill-ventilated apartments; insufficient nutriment, close mental occupation, unbroken by relaxation and active exercise, and anxiety of mind," are reckoned among the most prominent causes of the disease. These latter views, though not novel, cannot be too frequently reiterated, or too constantly borne in mind. The great relative importance of hygienic management in the treatment, as well as prevention of this disease—is now universally acknowledged.

Prof. C. Hooker's essay on Intestinal Auscultation, favorably noticed by the committee, we must pass over, as well as Dr. Breed's experiments with plasters of cantharides, hot water and steam, combined with pressure, upon his own flesh.

We will simply state, however, that these experiments brought Dr. Breed to the following conclusions: "1st. That evaporation is not essential to the formation of a blister."

"2d. That a certain degree of pressure will prevent the formation of a blister.* And they brought us to this conclusion, that Dr. Breed of Cambridge Laboratory, is *warmly* engaged in the cause of science.

We can only name several other subjects of more or less interest, treated of in the report, viz: "Urinary Calculi"—"Causes of Mortality in Children of the two sexes;" "Influences operating to change the number of births;" "Mode of Actions of Poisons;" under which last head the continued experiments of Dr. Blake of St. Louis, calculated to show that poisons act alone by absorption, are mentioned. "Poisoning by Cedar Oil;" "Effects of Strychinia and Hydrocyanic Acid;" "Chloroform as an antidote to Strychinia;" under which head it is stated that two drachms of Chloroform swallowed, counteracted in fifteen minutes the manifested effects of three grains of Strychnia in Solution. "Comparative effects of different Anæsthetics;" "effects of Anæsthetics on Vegetable Organs;" "Action of different waters on Lead Pipes;" "Relation of Lead to Air and Water;" and "Moisture Ammonia, and Organic matter in the Atmosphere."

The last subject of science dwelt upon in the report, is the much talked of Ozone. On account of the interest this subject may naturally be supposed to possess with the readers of this Journal, we give the language of the committee upon it entire.

"This substance has come into notice during the year past from its supposed connection with catarrhal diseases, as noticed in Europe; and with cholera, as suggested by physicians of Chicago. The nature and even the individuality of ozone are not quite determined. Professor Peter has published interesting observations on this subject. He tested the amount of ozone in the air at Lexington by the usual means, a strip of bibulous paper being smeared with a paste of starch and a solution of pure iodide of potassium. His observations were daily, from June 30 to August 12, being not far from the complete period in which cholera prevailed at Lexington. There was no constant relation between the probable amount of ozone in the air and the daily number of deaths; the indications of ozone did not cease with the cessation of cholera; and it would seem that the principle which discolors the iodide of potassium is rarely absent from the atmosphere.

"Some considerations unfavorable to the supposed influence of ozone are these: Ozone is a vaporous or gaseous substance and must tend to diffuse itself equally, which the cholera does not. If ozone is produced by electrical causes, it certainly must be present in the atmosphere of South America, which is known to be remarkably exempt from the epidemic. As the slow combustion of phosphoros produces ozone, workmen in manufactories of friction matches should suffer from the diseases produced by it. The ozone theory of cholera, on the whole, is not sustained.*

Professor Ellet made analyses of the air in New York, under the auspices of the Board of Health, during the prevalence of cholera in that city. His results were wholly negative in regard to the prevalence of any foreign matter in the air. As to ozone, he says, 'I was forced to the conclusion not only that no such peculiar principle or condition existed in the atmosphere at the time, but that the experiments of those European chemists who have announced the production, by artificial means, of such a new form of matter, or such a modified or 'allotropic' condition of any of those forms previously known to us, are unsatisfactory.'†

Prof. Horsford has observed that ozone, subjected to a heat of 130° Fahrenheit, loses its properties.

The report closes by recommending the restriction of the future committees of the Association, to the letter of its existing regulations, viz: *to improvements in the respective branches assigned them, during the year of their service*; (with which sentiment we are constrained to repeat our hearty concurrence;) and by an allusion to the increasing extent of our country, and its multiplying facilities for scientific advancement. Agassiz, Guyot, Horsford, Wyman, and Leidy, are alluded to, (and there might have been added Clark, and Draper, and many others,) as those whose light like the rising sun, is gilding the east, and spreading its beams over our wide-spread country. Considering the impression which many otherwise intelligent people of the Atlantic border seem to entertain of the west, the following recognition of its *advancing civilization*, coming, as it is presumed, from the chairman of the committee, should pass unnoticed.

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*Transylvania Medical Journal, Oct. 1849, p. 148.

†Report of Sanitary Committee on Cholera in New York, 1849, page 59.

"Already," continues the report, "in the Valley of the Mississippi, where within the memory of the living, the red man was lord of the domain; beautiful cities adorn the banks ot the majestic rivers," (and there might have been added, populous ports grace the inland seas,) "containing Colleges, and Seminaries of learning, where gifted minds are diffusing the blessings of science and literature."

While our brethren of the east claim to compare themselves with the rising *Sun*; we hope that the mighty west, with her Drake, her Dudley, her Dowler, and her host of others, may not be considered as presumptuous, in claiming some *Stars* in the firmament of American Medical Science.

On the whole we are pleased with the document, the substance of a large portion of which, we have attempted to present. A greater amount of originality of thought, and of critcal remarks, indicating the judgment of the committee, as to the truthfulness and relative importance of the various alleged discoveries and improvements, would have been desirable, giving the whole less the appearance of a mere abstract, and more the character of an elaborate philosophical report emanating from a learned society. But the American association is in its infancy, and we can hardly expect as much from it at present, as from the older European Societies of a similar character. It will improve in the tone and general character of its eminations as it advances. In the present instance, a laudable amount of industry has been manifested by the committee in collecting materials, and the style of their report for the most part, is concise, perspicuous, and correct.

ARTICLE II.

Report of the Committee on Practical Medicine and Epidemics.

This report should possess a paramount interest, as designed to show the advance we are making towards the accomplishment of the ulterior objects of the profession. When a year rolls around without anything transpiring to improve our knowledge of the nature of disease, or our means of treating it, we may set it down as a period of professional barrenness. But on the other hand, when we can make the demonstration perfect of a single principle or fact bearing upon these subjects, we may console ourselves with the assurance that we are still advancing, although it may be at a very moderate pace. Tried by this standard, as exbibited in the report before us, our profession cannot be said to be making a very rapid advancement.

But we propose to inform our readers, in reference to the manner and matter of the report, and allow them to judge of the evidence of improvement for themselves.

The first three pages are principally devoted to commenting upon the Literature of Practical Medicine, and serve as an introduction to the main subject of the report—Asiatic Cholera. To this subject there are devoted twenty-two pages. The remaining four pages are occupied with references to Yellow Fever, Scarlatina, Variola, and Typhoid Fever.

There is some valuable statistical information upon the subject of Cholera in the report; especially in reference to its prevalence and treatment in Philadelphia, and her different Cholera Hospitals.

The subject of treatment is first taken up, and the success in different hands, and of different modes of practice compared.

The mortality in the seven Cholera hospitals of Philadelphia and Liberties in 1849, with a brief synopsis of treatment in each, is shown by the following summary, which we make up from the official report of each, as given in the document before us:

Moyamensing Hospital. The treatment at first was stimulating, and very unsuccessful, 1 in 1.54 died. After the treatment was changed and the principal reliance placed on opium in from 3 to 9 gr. doses, the mortality was only 1 in 8. These results appear to include several cases of other diseases.

Cherry Street Hospital. The want of success of the Calomel, opium and stimulent course of treatment, induced their abandonment. Reliance was finally placed on the free use of Quinine. Mortality of 14 in 27 cases of cholera, or 1 in 1.92 a little over one half.

Richmond Hospital Philadelphia. The principal reliance was on internal and external stimulents, with friction in collapsed cases, and astringents, Calomel, opium &c. in the others. Mortality, 4 in 15 cases of Cholera, or 1 in 3.75.

Southwark Hospital. Venesection and cups; small doses of Chloroform in camphor water, to allay nausea; dry friction for relief of spasams; opium, camphor, and sugar of lead, a a gr. j, every 1, 2 or 3 hours, to arrest alvine evacuations, were the chief remedies used here. Of 64 cholera cases, but 6 died, or 1 in 10.4.

Northern Liberty Hospital. Treatment not reported; morlality of cholera cases, 17 in 47, or 1 in 2.76.

Pine St. C. Hospital. "The treatment in this hospital was founded upon the indications as manifested by the symptoms." Mortality of cholera cases, 8 in 14, or 1 in 1,75.

Bush Hill Hospital. Treatment not reported. Mortality of cholera cases, 20 in 38, or 1 in 1.9.

These statistics present a very striking contrast between the Southwark Hospital, and all of the others, in the results of treatment. The contrast, too, becomes much more striking, when taken in connection with the statement of Dr. D. Francis Condie, one of the Physicians to the Southwark Hospital, that he was careful not to report a case, unless of marked character, and that his private practice was much more successful than that of the Hospital, the mortality being only four per centum.

But the summary presented in the report before us, seems to be very carelessly or unintelligibly drawn up; as, instead of corresponding to the seven Hospitals reported, there are ten ratios of mortality given. And instead of the lowest being less than ten per cent, it is put at nine, and instead of the average mortality of selected cholera cases, being 1 in 3.27, it is put down at one in 3.3.

After remarks upon different modes of practice, as pursued by different physicians, amongst the most highly recommended of which, is, the salt and mustard emetic, the subject of treatment is closed by the following judicious remarks:

> "So far as the committee have been able to collect the sentiments of physicians much conversant with the subject of the treatment of cholera, they believe that the internal sedatives and astringents in moderate and frequent doses, prompt venesection, and external stimuli, including heat and cold as the case may require, and salines, constitute the most successful practice in this formidable disorder. One of the most common errors consists in the want of patience, and in the restless change of the mode of remediation, so that a medicine is not permitted to make a permanent impression, before a new article is substituted. It is chiefly for this reason that empirical remedies have so often acquired a reputation superior to that of a more rational practice which is not so steadily adhered to."

The *cause* of cholera is next discussed, and at considerable length. To fairly understand the arguments, it may be well to remember, (as the report does not divulge the fact,) that the author had previously advanced the doctrine of the cryptogamous origin of cholera, a doctrine which has for its support some plausibilities.

Passing over the arguments in reference to the modus operandi of the poison producing the disease, which assume the unity of cholera with various other diseases that occur at the same time from the unity of their causes, which is again argued from their coincidence, we shall proceed to notice the history of its introduction into this country, and as it is concise and brief, we quote it entire.

"That cholera is a *portable disease* seems now difficult to doubt. Passing over the old and oft-repeated arguments derived from the Topaz frigate, by which it seems to have been carried to the island of Mauritius, that of the Bakou, by which it appears to have been conveyed to Astracan, the Carricks, by which it seems to have reached Quebec, and the Amelia, which obviously carried it to Folly Island, we have taken some pains to collect the information necessary to understand fully the part sustained by the infected ships which arrived in the United States just at the period of the outbreak of cholera at the New York quarantine station and at New Orleans.

The infected ship which arrived first was the New York, which left Havre on the 9th of Nov., ten days after the Swanton sailed thence for New Orleans. the latter ship having weighed anchor on the 30th of Octobor. On the 25th of November, the New York was in N. Lat. 42o, Long. W. 61p, out from port 16 days, when there occurred the first case of cholera. The patient died in about 48 honrs.

One day later, 26th Nov., the Swanton, out from Port 27 days, was in latitutde 25 deg. 47 min. N, Long. 57 deg. 08 min. West, when there occcurred the first case of cholera. The patient died in about 48 hours.

The New York arrived on the 1st Dec., or in six days, and the Swanton entered the mouth of the Mississippi on the 9th, or in 13 days. On the 10th, one person died of cholera in the river, and on the 11th, just as the ship reached New Orleans, a case occurred on board, which was sent to the Charity Hospital.

The first cholera patient not attached to the ship New York was seized forty-eight hours after having been on board, and died on the same day. A nurse, who had not been on boa d and who was not known to have had any communication with the people of the New York, was also seized on the same day, and within that day died.

> The first person in no way connected with the Swanton, who was attacked by cholera at New Orleans, was seized on the evening of the 13th, just forty-eight hours after the arrival of the vessel at the Levee. On the 15th, there were admitted into the Charity Hospital from the city eight cases of Cholera.
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> It is somewhat remarkable that, in both ships, the first cases of cholera occurred during a sudden change of the weather from an agreeable coolness to a comparatively great warmth, owing to a south wind succeeding to a northern one. The thermometer in the New York, on the 25th Nov., stood at 60°, and the Captain (Duncan) of the Swanton, in a letter to the Chairman of this Committee, says: "Previously to the commencement of the sickness, for twenty-four hours we were visited by a very hot south-east wind, such an one as I never before felt; indeed, it was more like artificially heated air than anything else." The first case came on epileptically, after which there ensued a diarrhœ, vomitings, cramps, and death.
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> To enable the Association the better to see the relative positions of these two vessels, the Commiitee have caused to be carefully prepared a chart, which is herewith presented. By this, it will be seen that the two vessels, so nearly simultaneously and similarly attacked, were separated by three degrees of longitude, and sixteen of latitude, or, in other words, were nearly 1000 miles asunder. Each of them retained the disease until arrival. Each sent ashore cases of cholera, and notwithstanding the very great difference of climate and weather in Staten Island and New Orleans, the people of the respective places were attacked in the short space of forty-eight hours after arrival. It may not be unpardonable here to mention the fact that, in 1832, the Carricks brought cholera to Grosse Isle, the quarantine station of Quebec, on the 5th of June, and that on the 8th, cases began to appear in Quebec.
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> In whatever way these vessels may have received the infection of cholera, there is left but little doubt that they brought the cause of disease to their respective ports, and communicated it to the people on shore. There is, therefore, good reason to believe in the *portability of Cholera.*"

This would seem to be pretty good argument in favor of the doctrine of the communicability of the disease, and we could see no violence either to the argument or conclusion by substituting the word *communicable* for *portable*. Nor could we see any injury from this change of terms, to the author's peculiar notions in reference to the fungeous nature of the poison, since, if fungous, it must be a specific variety of the fungi, and may be entirely dependent upon animal influences in its propogation. But the author turns immediately around and adduces arguments which he terms " numerous and cogent," against the doctrine of contagion.

But let us examine these numerous and cogent reasons. The first is found in the manner and appearance of the chol era in Philadelphia, in 1849 ; the history of which is accom panied by an outline map, showing the position of each of the first 23 cases reported to the board of health, with the date of its occurrence. By this showing it would appear that on the 30th of May, three cases were reported, and of the 17 following days, there were six days without any reports, on five days there was one case reported each day; on one day three, and on one day four cases. It appears that they occurred in various and remote parts of the city, and liberties seeming to have little or no connection or relation one with another. Notes were addressed to the attendant physicians.

> " A few of the gentlemen to whom notes were sent, failed to answer them. Two had cases which had been in the immediate vicinity of other cases, but fifteen replied decidedly that there was no reason to believe that their patients had been exposed to an infected place, or to any case or cases of cholera. One case, the eleventh, which occurred on the 12th day of the epidemic visitation, had recently visited the infected city of New York."

The facts above stated being placed in a tabular form, with the date of the occurrence of each case, the distance each was from the one that last preceded it, and the name of the attendant physician to each, compose the sum and substance of this first argument in reference to which the author observes :

A review of these facts so carefully collected and so thoroughly scrutinized, does not favor the propagation by contagion but leads rather to the conclusion that the atmosphere of the whole city had become slightly epidemical, not being sufficiently poisonous to produce its specific effects unless aided by personal imprudence, on a deleterious locality.

How carefully collected and thoroughly scrutainized in reference to the proof in hand? Are we told whether or not the disease prevailed in the city before the board of health received regular reports; as was the case in almost all other cities? Was there instituted a thorough enquiry to ascertain whether the cases had been exposed directly or indirectly to contagion? or was the non-exposure assumed as it generally has been in cities, because no one knew of exposure without the trouble of making enquiry? Are we told whether any of the cities and towns with which Philadelphia has daily and extensive intercourse in all her municipalities, were affected before the time referred to or not? No, in reference to these points, essential to the value of the statistics as bearing upon the question of contagion, the report is entirely silent. And excepting the testimony of the fifteen physicians quoted above, which for aught that appears, was given long after the cases occurred, and without any notes or particular enquiries made at the time, to aid the memory, the whole history thus paraded has very little bearing upon the point. As I have said on a former occasion, cities are not the places to investigate this question, because of the difficulty of tracing exposure.

The next evidence is a history of the disease in two families, twenty-six miles from Philadelphia, in which it committed great ravages, one after another being attacked in rapid succession. Here the possibility of contagion is not disputed, as one member of the afflicted community, with whom those first attacked had intercourse, though remaining well himself, had been to the city where cholera prevailed, about a week and one other about three weeks previously to the attack. The disease in the form of cholera did not spread beyond the two families except one case, and that had not been exposed directly, yet the neighborhood was immediately affected with diarrhœ and dysentery. The following are our author's conclusions:

"If this were a case of contagion, it must have remained latent for more than three weeks, and then have broken out simultaneously in the person who had been to Philadelphia and those who had not been there; or if assumed to have been brought by the carpet-weaver, who remained well, we are left in the difficulty of supposing that the disease is so contagious as to be carried twenty-six miles by one who does not himself suffer, and yet is so non-contagious as to fail to spread to the neighbors and visitors of persons really and sorely affected."

If it had been decided that the contagion of cholera must act in a specific time, or that it must affect those with whom it comes in contact, then these laws of its spread might furnish data for argument, and the remarks quoted would be quite pertinent; but on the abstract question of its being communicated, we confess we do not see their force.

Next we have reports of a number of cases quoted, where the cholera did not spread, though having ample opportunities. But does the fact that its spread is influenced by conditions, invalidate the evidence of its spreading by communication where it does spread?

We next have the arguments adduced against contagion in which we are surprised at an extreme looseness of expression. The first paragraph is in illustration.

"Contagious diseases, indisputably such, require a considerable period of incubation, as might be supposed where the reproduction of the poison in the system creates the disorder. No such disease is demonstratively active until after a period of at least seven, and in most cases nine days from the time of exposure."

Is not gonorrhora *demonstratively* active in less than seven days? Is it not variable in the the time of its incubation?

The second argument is that cholera is producible by imprudence in diet and filthiness. If this be true, why do we not have cholera oftener in this country than four out of the two hundred years since its settlement? Are not all manner of imprudences committed annually, even to "a heavy dinner, a prolonged debauch, or a loaded atmosphere," in all parts of our goodly land? Certainly, if the position is true we ought occasionally to meet with a case at other times than when it has been introduced into the country from abroad.

The third point is that contagious diseases more generally affect children, while cholera has a general preference for adults. The force of this position is not so apparent, though argued at considerable length. There are some contagions that do not affect children unless they are *very* forward; and some general diseases are almost wholly confined to children, one of which is croup.

These are the reasons "numerous and cogent," for believing that the cholera is not contagious, while it may be portable; which to an unsophisticated mind, seems very much like making a distinction where there is no difference.

And what do the argumhnts just stated, one, two, and three, prove except that the contagion of cholera is in some points different from that of other diseases; a fact that the most ultra contagionist could scarcely presume to deny, for although the contagion of cholera may not be governed by the same laws of other contagions, it does not in consequence follow, that it is not communicated from one to another.

There is no doubt that the poison is very active under favorable circumstances for its diffusion, and we incline to the opinion, that it may be given off in sufficient profusion to contaminate whole neighborhoods under circumstances of epidemic prevalence.

A little varied from this would seem to be the conclusion to which Dr. Condie of Philadelphia has arrived, who was formerly a very decided non-contagionist. In the April, 1850, number of the American Journal of Medical Sciences, he says:

"We nevertheless think it not improbable that, when the general predisposition to cholera already exists, the arrival of an individual laboring under the disease may be the means of its communication to the inmates of the same house or to those who have frequent intercourse with him, and that from these it may be communicated to others. But in such cases the course and spread of the disease will be very different from those in which it is produced by the general epidemic causes.

How many cases, where the cholera contagion could not be traced in cities, and where it did not extend under circumstances of exposure, would it take to disprove the positive evidence furnished by the following history, which was given me by C. W. Knott, M. D., an intelligent and veracious practitioner of the affected community. Our remote settlements and isolated communities in prairie-land, afford the best and almost only perfect fields of observation, for determining the question of communicability.

Bourbonois' Grove settlement, Will Co., Ill., on the Kankakee river, contains about 2,000 inhabitants mostly French and Canadians. The settlement covers an area of about six miles square, and is completely isolated from other settlements by broad wild Prairies, from twelve to twenty miles in width in all directions, excepting on the banks of the river, which are also nearly uninhabited for nine miles above and five miles below.

This community was unusually healthy during the spring of 1849 up to the 31st of May, at which time a company of nineteen emigrants arrived from Canada. They came to Chicago in good health, tarrying two days in the city where the cholera was prevailing, and pursued their journey to their destination, losing one child by the disease on the way, (but carrying the corpse with them,) and having another child sick when they arrived. They found the neighborhood so much alarmed that no one would at first take them in, so they lodged for some time in a barn.

The next morning, June 1st, the sick child died of cholera, and one of the women was taken sick with it in the evening.

She died June 2d, in 24 hours. The night of June 3d two other children of the emigrant company were taken with it, and died in 18 hours. On the night of the 4th, a man and another woman of the same company were taken; the one died in 24 and the other in 48 hours.

Up to this time no case of the disease except it was among the members of this company had occurred in the region of country for at least a distance of twenty-five miles around, and the community there remained entirely healthy. Out of humanity Mr. Rousia took the emigrants from the barn to his house the third day after they arrived, and the last two deaths occurred at his house. The night following the death of the woman last mentioned, Mr. Rousia's little daughter was taken with the disease, and died the next day, June 7th, which was the first case among the resident population. A young woman, a connexion who nursed the little girl, was taken the day she died, and met the same fate in 24 hours. The next cases among the residents were in the family of Mr. Fabarg, a relation of some of the emigrants. They had been waiting upon the unfortunate emigrants; two of them died on the 10th, and one on the 11th of June. Mr. Allen, his wife and five children, residing in the same house, were taken with cholera within two days of the last mentioned case.

Up to this time, nearly two weeks after the arrival of the unfortunate company of emigrants, the disease was wholly confined to them and to the two houses above mentioned, notwithstanding the fearful mortality that had occurred.

Laza Jerome's daughter who was at work for Mr. Allen, was taken with the disease on the 13th, went home and her fathers family was affected with it two days afterward.

Mrs. Canran who had visited Mr. Allen's family while sick, and lived near by, was taken on the 14th, but recovered. Two of her children took it and died soon after.

Mrs. Hay who also visited Mr. Allen's family, while sick, took the disease on the 15th, and recovered. her children took it two days afterward, two of whom died.

After this time, the intercourse of the well with the sick, and the general prevalence of the disease were such, that its communication was traced no further.

But I cannot withhold the Doctor's account of its appearance at Rock Creek, five miles distant, the nearest settlement to that above described.

Mrs. Battachyock came from Rock Creek, her residence, to Bourbouois' Grove, to visit some relatives who were afflicted with cholera—remained over night with them, went home the next day, was taken with the disease the following night, and died 36 hours afterwards. Her son and a small child were taken the next night and survived the attak but 18 hours. The next day two other of the children were taken, and lived but 12 hours. The father was attacked but recovered. A family residing half a mile distant—the man and wife being the only persons in the settlement who visited them while sick, took the disease and they lost one child.—Here there was kept up the most rigid quarantine and the disease spread no farther. Some of the neighbors went within hollowing distance and asked what they needed and placed the articles at a certain point for them to get, when they retired.

The following from Wm. Matthews, M. D., of Putnam Co., Ind., an intelligent and reliable observer, is one of a large number of such instances that have come to my knowledge, and but for want of space might be related here.

"During the prevelance of Cholera at Cincinnati, three men came up to Indianapolis on the cars, having passed through Cincinnati, and, on foot, proceeded immediately on west. Before they reached Mt. Meridan in this county, one of them had diarrhæ and vomiting, and was barely able to get to the village inn. In the course of a few hours he died, and the second also, I believe, was seized and died, the third recovering. In a few days afterward, a lady residing in the village was attacked and died; then several other cases followed and several more dying, when the disease spread to the country; and we had quite a number of cases of Cholera which apparently diverged from the transient ones brought into Mt. Meridan from the Cholera region on the Ohio."

Now, I believe, it is exceedingly proper that we have right notions about every thing; and if Cholera *is* contagious no ill consequences can possibly ensue from being made aware of the fact. In fact, with correct views concerning this point, we might, most probably, in may instances, *fence the disease in.* Small-pox we know may thus be held in check: the same doubtless might be done with Cholera, were we to entertain right notions on the subject."

But I must leave this subject.

The occurrence of Yellow Fever at Charleston, S. C., after an exemption from its ravages for ten years; and its prevalence at Rio Jainero for the first time, are the principal points noticed in reference to this disease.

The prophylactic powers of belladona in scarlantina, ar especially noticed and highly spoken of.

The difficulty of understanding what is implied by Typhoid Fever, in consequence of different diseased conditions being termed Typhoid, is very properly commented upon. A definition of the term that should restrict its use to one disease, would supply a desideratum.

We do not conceive the report to be in accordance with the design of the appointment of the committee, as a large part of it is occupied in advocating one side of a professional controversy.

The sooner the committees of the Association confine themselves to the performance of the specific duties assigned them, the sooner will their reports become, what they should be, compends of the improvements in the special departments of each, as made in this country from year to year.

There is appended to the report an interesting paper by

Prof. Pancoast of Philadelphia, on the cure of certain forms of Aphonia by the inhalations of a stimulating vapor: and one from Dr. Reynolds, giving an account of the Typhoid Fever and Dysentery as they have appeared in the Epedemic form during the last four seasons on Cape Ann, but our space will not allow a further notice of them at present. E.

ARTICLE III.

Southern Medical Reports, Edited by E. D. FENNER; Volume 1st, 1849—New Orleans: B. M. Norman, 16 Camp St.

Although this volume has been already briefly noticed in this Journal, yet its merits require a more extended examination. Two leading objects seem to have induced the editor to engage in the enterprise, of which this volume is the first result. The first object was to arouse his southern brethern to greater activity and zeal in the cultivation of Medical Literature and Science; the second, to attract more attention to the very important subject of medical topography as connected with the character and prevalence of particular diseases; and judging from the contents of the volume before us, we think both are in a fair way of accomplishment. In relation to the topography and diseases of particular localities we find six articles, viz; one concerning New Orleans by the Editor; the Parish of St. Mary, La., by James B. Dungan, M. D.; Madison County, Alabama, by J. Y. Bassett, M. D.; Middle Georgia, by E. M. Pendleton, M. D.; Jackson, Miss., by S. C. Farrar, M. D.; and concerning San Antonio, Texas, by J. J. B. Wright, M. D., Surgeon U. S. A. The first of these occupies near forty pages, and in addition to a brief account of the topography and climate of New Orleans, it contains a pretty full record of the meteorology, diseases, and mortality for the year 1849; and though an interesting and instructive paper, it contains little that can be either [illegible]cted or condensed for the pages of this Journal.

The following conclusions in regard to the interesting subject of acclimation, may correct some very wrong impressions and we therefore quote them entire, viz;

"1st. That persons coming from more northern latitudes to this, have to undergo an *acclimation* or *seasoning*, before they become secure in the enjoyment of health.

"2d. That this acclimation may be attained without sickness; but that, most generally, it requires the endurance of one or more spells of the customary endemic fevers.

"3d. That an attack of the endemic Yellow Fever effects greater security against subsequent attacks, than any form of fever seen in the country, but that the remark is applicable, in some degree, to all of them, excepting the ordinary mild intermittents.

"4th. That persons may have the yellow fever *more than once*, though it is evident that those who have had one plain attack, usually have little or nothing to dread from subsequent attacks.

"5th. That *Creoles*, or natives of New Orleans, may have yellow fever, though generally, they have it in a very mild form."

Dr. Fenner tells us what is but too true of almost all the cities in the south and west, viz: that "little or nothing has ever yet been done *directly* or *expressly* with the the view to improving the sanitary condition of New Orleans." And again he says, "it will be seen by these reports, that the sanitary condition of the city is still very bad, and the mortality very great." A statement fully borne out by the tables of mortality which foot up no less than 8,809 deaths during the year, or more than one out of every twenty of the entire population.

The article of Dr. Dungan concerning the topography and diseases of the Parish of St. Mary, La., is very brief, imperfect, and contains nothing to elicit comment.

Dr. Bassett's report on the topography, climate and diseases of Madison County, Alabama, occupies twenty-five pages; and though written in a style somewhat open to critisism contains many interesting and very valuable facts. We have space, however, to allude to those only of most direct practical application. Dr. Bassett informs us that the endemics of Madison Co., consist chiefly, "of billious, intermitting and remitting fevers, during the summer and fall; continued and typhoid cases of the same, together with inflamation of the thoracic viscera in the winter and spring." Concerning the use of very large doses of Quinine in these diseases, the writer says: "Our physicians do not now use as large doses of Quinine as formerly; these enormous doses, 100 grs., during the apyrexia, were introduced by Dr. Fearn, in a few specific cases, after anxious consideration, and were continued in the most impirical and thoughtless manner, by physicians and families, and of course without a corresponding result." Dr. B. relates the case of a girl who took no less than 140 grs. of Quinine during one intermission. The effects are detailed in his own peculiar style as follows, viz: "I saw her at midday, she had no chill; her surface was clammy and damp, like the back of a frog; she was deprived first of hearing, then of vision, then of feeling, and lastly of speech; candles and pistols were flashed and shot about her head, aud pins stuck in her. I dashed two or three buckets of cold water on her suddenly, ordered warm stimulating enemata, and wrapped in warm blankets. In the course of the night she felt a pin scratch, at length her eyes followed a candle and she spoke; in a few days her hearing was restored. I have not had occasion to give such large doses of Quinine; 15 to 25 grs. I find sufficient."

We learn from this report, that Madison County contains about 30,000 inhabitants, who consume about 50 lbs. of Calomel, and 1000 ozs. of Quinine, annually. There are also 30 physicians in the county, whose aggregate annual income amounts to about $30,000, or one dollar per head for the entire population. Speaking of the unusual frequency of adynamic cases of disease during the past year, Dr. Bassett intimates that the extensive and prodigal use of Quinine may have contributed to this tendency. He says: "The enormous amount of Quinine that has for the past fifteen or twenty years been consumed in this neighborhood, must have wrought an impression on the constitutions of those most subject to its influences. The following paragraph may also afford a useful hint to practical readers. "Numbers of cases have lately presented themselves of habitual chills, recurring every second, third or fourth day, which have required very large doses of Quinine to check, and which returns almost every eighth or tenth day. Since August, I have treated eight successive cases of this description, (in every one of which Quinine had failed,) with opium and plasters made of mutton suet and turpentine, or cloths dipped in warm turpentine, and applied to the pit of the stomach a half hour before the expected chill. In all these cases but one, the first chill was checked, and there was no return. Although opium seems to have an excellent effect in those cases in which Quinine had failed, I have sometimes succeeded with the turpentine cloths alone."

The fourth article, to which we have alluded, written by Dr. E. M. Pendleton, on the topography, climate, and disease of Middle Georgia, occupies a little more than twenty pages; and is truly a valuable paper. Perspicious, easy and correct in its style; happy in its arrangement, and rich in its facts, it may well be characterized as a model paper its class. Its intrinsic merits, indeed, renders it difficult either to condense its matter or extract detached paragraphs from its pages. By a happy arrangement of tabular statistics regard to the thermometic, barometic, hygrometic facts, with coincident prevalence of diseases, and a lucid description the physical geography of the subject under consideration, the reader is presented at once, with a highly satisfactory view the subject. Dr. Pendleton's remarks in regard to the Etiology of Remitting and Intermitting Fevers are interesting, and strongly corroberative of the old idea that the combined influence of heat, moisture, and vegetable matter, generates a specific cause, productive of these diseases.

In regard to the comparative prevalence of disease among the two races, Dr. Pendleton's tables and observations show, that the whites are far more susceptible to diseases of the digestive organs, while pulmonary affections are greatly more prevalent among the blacks. The whites also suffer a little more frequently from indiopathic fevers, especially the male sex. These facts are doubtless easily explained by reference to the difference in the habits and natural temperament of the two races. N. S. D.

(To be Continued.)

Part 3.—Selections.

ARTICLE I.

Has the Cerebellum any Special Connection with the Sexual Propensity or Function of Generation? By N. S. Davis, M. D., Member of American Medical Association; Prof. of Physiology and Pathology in Rush Medical College, Chicago, Illinois.

Perhaps there is no part of the nervous tissue concerning the functions of which a greater variety of opinions are entertained than in relation to those of the cerebellum. Thus, Gall, Spurzheim, and the whole of that school of physiologists, represent it as one of the best settled facts in *phrenological* science, that the cerebellum constitutes the nervous centre, which presides over the sexual instinct, or functions of generation; while on the other hand, the vivisections of Flourens, Magendie, Bouillaud, &c., have led far the greater number of physiologists to regard this division of the encephalon as a special organ, for co-ordinating muscular movements. M. Foville, again, regards it as "the organ for the *perception* of muscular *sensibility*." The tables of M. Serres, and the investigations of Muller, Carpenter, and others, show, that comparative anatomy, on the whole, favors the experimental results of MM. Flourens and Bouillaud. Yet the well-known distrust with which we regard conclusions drawn exclusively from vivisectional experiments, or extensive injuries of the various parts of the nervous system, makes it desirable to avail ourselves of every other practicable mode of investigation. It is in this view that the importance of a careful study of developemntal and comparative anatomy cannot be too highly estimated.

Investigations based on well-known physiological laws are always valuable, even though their results may be entirely of a negative character. The law that appropriate exercise increases the growth of any organ or tissue, and that want of such exercise retards or entirely arrests such growth, is of universal application.

And by no class of men is this law more strenuously insisted on than by the Phrenological school, as applied to differ ent parts of the brain. Hence we find Gall, and his followers, contending that injuries of the cerebellum not unfrequently cause the testicles to become atrophied, and *vice versâ.* Acting on the idea suggested by these *alleged* facts, M. Lassaigne, a few years since, made a comparison between the weight of the cerebellum in the stallion, gelding, and mare ; all the animals examined being over ten years of age. The result, as is now well known, was that the cerebellum of the gelding was found heavier, both *absolutely* and relatively to the cerebrum, than that of the stallion and mare.

But the comparison of M. Lassaigne extended no farther than to the absolute and relative size of the whole cerebellum in mass. Hence, many phrenologists avoided the force of his conclusions by admitting that a *part only* of the cerebellum was connected with the instinct of generation or sexual appetite. And even Carpenter, in the very recent American edition of his " Principles of Human Physiolgy," holds the following language ; " The author is far from denying, *in toto*, that any peculiar connection exists between the cerebellum and the genital system ; but if the evidence at present adduced in support of phrenological position be held sufficient to establish it, in defiance to so many opposing considerations, we must bid adieu to all safe reasoning in physiology. The weight of testimony appears to him to be quite decided in regard to the connection of the cerebellum with the regulation of the motor function. *How far this invalidates the moderate phrenological view, which does not regard the function of the cerebellum as exclusively devoted to the sexual instinct, is a question well deserving attention.*" And on the same page he adds: " Further, it would seem by no means *improbable* that the *lobes* are specially connected with the regulation and co ordination of movements; whilst the *vermiform processes*, which are very large in many animals, in which the former scarcely present themselves, are the parts connected with the sexual functions." (See *Carpenter*, p. 350, 4th edit.) Wishing to test the truth or falsity of this " *moderate phrenological view*," I recently procured the brains of several bulls and oxen, all of the same age, and as nearly as possible of the same general size and variety of stock. The cerebellum of each was carefully and accurately measured in the following directions, viz : First, *transversely*, from the lateral extreme of one lobe to that of the other. Second, *antero-posteriorly*, from the most anterior superior point of the central portion, to the most posterior inferior point lying over the commencement of the spinal cord.—Third, *vertically*, from the tip of the inferior vermiform process, resting on the medulla oblongata, to the most prominent point on the superior surface of the cerebellum. Fourth, from the apex of the inferior vermiform process to the apex or most prominent point of the superior vermiform process. Fifth, *transversely* across the widest part of the superior vermiform process. As the reader will readily perceive, it was my object to measure, not only the whole cerebellum, but also its several parts; and especially its central or vermiform processes in comparison with its lobes. As the measurments uniformly tended towards one result, I shall occupy time and space to give in detail only the *average* of the measurments in each direction, and the extremes of the same. All the bulls and oxen examined were six years old; though the bulls were actually heavier than any of the oxen whose brains were examined. The following is the result in tabular form, viz:—

	Greatest Transverse Diameter	Greasest Antero posteri'r Diameter	Vertical Diameter	Length of Vermiform Processes	Breadth of Superior Vermiform Processes
Av'ge of Bulls examined	32¼ lines	27½ lines	14½ lines	16¼ lines	13¼ lines
Extremes.	33 & 32 lines	28½ & 26 lines	15 & 14 lines	18 & 15 lines	13½ & 13 lines
Av'ge of Oxen examined	32 lines	27¾ lines	16 lines	19¼ lines	14½ lines
Extremes	33 & 30 lines	27 & 29½ lines	16½ & 15 lines	20 & 18 lines	15 & 14 lines

Average weight of the cerebellum of the bulls 13⅓ drachms. Average weight of the cerebum of the same, 115½ drachms. Proportion 1 to 8 3-5.

Average weight of cerebellum of oxen 13½ drachms.—Average weight of the cerebrum of same, 114 drachms. Proportion 1 to 8 1-5.*

It will be seen that these examinations not only confirm those of M. Lassaigne, so far as the relative and absolute weight of the cerebellum of the castrated animal is compared with that of the same age not castrated, but the measurments equally refute the *moderate phrenological view* mentioned by Carpenter, which, as we have already said, makes the central part and vermiform processes the organ of sexual appetite, and the lateral lobes the co-ordinators of motion. On the contrary, so far as our measurments indicate any difference, it consists in the greater relative development of the central part, and vermiform processess in the ox than in the bull. And, if the cerebellum of the ox is deficient in any part, it is in the size of the *lateral lobes.* But, on the most careful examination of half a dozen cerebelli of bulls and oxen lying side by side, I could detect no constant or uniform variation either in their absolute size, or the relative development of their several parts. Now, unless we deny the validity of the physiological law, so much insisted on especially by phrenologists, that exercise increases growth, and *vice versa,* it must be conced that the facts here adduced in reference to the cerebelli of oxen and bulls, added to those presented by M. Lassaigne in reference to the gelding and stallion, effectually disprove the existence of any *special* connection between the cerebellum, either, as a whole or in any of its parts, and the sexual appetite or function of generation. And, if we search the facts of comparative anatomy ever so rigorously, we shall find nothing to militate against the results of these investigations, but very much to confirm them. Hence, whatever of truth there may be in the phrenological location of other cerebral *organs,* we cannot credit even the *moderate views* of that school in regard to the functions of the cerebellum. It is much to be regretted that our most approved works on physiology still contain so many mere statements of opinions, the truth of which a little patient and careful investigation would directly demonstrate or disprove.—*Transactions of American Medical Association for* 1850.

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* It should be stated that a much larger number of brains of oxen are included in the foregoing examination than of bulls. Hence, while the average weight of all their cerebrums appears, as stated, slightly less than those of the bulls, yet the heaviest cerebrum of the ox examined was fully equal to the heaviest of the bull.

ARTICLE II.

On the use of Ergotine in External and Internal Hemorrhages.

By M. J. BONJEAN, Chambery.

Ergotine when applied to wounds, has the property, M. Bonjean states, of facilitating their cicatrization and moderating inflammation of the wounded tissues. Under its influence union takes place by the first intention, and cicatrization occurs without further assistance.

In certain cases ergotine may perform all the offices of the ligature. M. Bonjean enumerates the following circumstances attendant on a capital operation in which its employment was indicated.

1st. When, in order to arrest a hemorrhage, it would be necessary to disturb the lips of a wound in which cicatrization is commencing.

2d. When the patient manifests a tendency to gangrene of the cut surfaces.

3d. When the source of the hemorrhage is from vessels imbedded in the inflamed and swollen tissues.

4th. When the blood flows from many small arteries of which the orificies cannot be perceived.

5th. When hemorrhage occurs from the sloughing of an eschar, as in gun-shot wounds, &c.

In these difficulties the application of ergotine is as often efficacious as the use of pressure is inaffectual. The application of ergotine supersedes ligature of the arteries, and effects cicatrization without interfering with the permeability of the artery.

The mode of employing ergotine is to dissolve it in five or six times its weight of water, for ordinary wounds; and in three or four parts, or even in a concentrated form, for more serious hemorrages. A portion of the tow or lint is to be moistened with the fluid, and applied with a gentle pressure to the surface previously wiped. When the hemorrhage does not return on the pressure being removed, another pledget moistened with the solution is to be laid over the former, and the limb bandaged as usual. Perfect rest is to be observed.

Internal administration. Ergot of rye has been successfully employed:

1st. As an excitant of uterine contractions.

2d. As a stimulent to the muscular system in general.

3d. In hemorhages and certain fluxes.

4th. In congestion of the uterus.

5th. As a stimulant to the nervous system.

The latter poisonous effect of ergot of rye is due, according to M. Bonjean, entirely to its fixed oil. The preceding properties are due to the *ergotine* alone.

Simple extract, or etherial tincture of ergot, both contain a portion of its poisonous principle. Pure ergotine is in the form of a solid extract of a deep brown color. In thin laminæ it presents a blood-red color. It has the odor of roast meat. Its taste is bitter. It is perfectly soluble in water, and this solution yields neither oil nor resin when heated with ether.—*Med. Gaz. in St. Louis Jour.*

ARTICLE III.

Oak Bark and Alum Injections in Vaginal and Uterine Discharges. By Thomas Weeden Cooke, Esq., Medical Officer for the Diseases of Children at the Royal Free Hospital.

Some months since a lady placed herself under my care, for a slight prolapsus of the uterus, induced, as she supposed, by violent exertion in lifting her husband (a large man suffering from gout) into bed. Besides the prolapsus, there was also a polypus, protruding from and distending the mouth of the uterus, and there had been, previous to my seeing her, considerable leucorrhœa. Upon digital examination, I was surprised to find, considering she had had children, and was past the meridian of life, so contracted an inlet that the index finger was, with great pain and difficulty, passed into the vagina; there was also a roughness and dryness of the mucous lining, and very considerable heat; the bowels were very much confined; there was ardor urinæ, whilst the whole system was affected with a symtomatic fever, suggestive of local inflammation; hot skin; thirst; dry tongue; small, quick pulse, &c. Such violent symptoms appeared strange and unaccountable, until the history of the case disclosed the cause of all this distress. For some weeks she had been injecting decoction of oak-bark with alum, and had not taken the precaution to wash out the congealed albumen of the leucorrhœal discharge. The consequence was, this leathery compound collected upon the walls of the vagina, and os and cervix uteri, contracting the external orifice, and inducing all the inflamatory symptoms I have described. I was enabled to remove a small portion only of the offending matter with my finger; and on the next day Mr. Locock saw her with me, and suggested another attempt, but the pain produced was so great that it was impossible to succeed entirely. By warm water injections, however, some lubricating ointment, and saline aperients, the vagina was cleared in about a week, and all the urgent inflammatory symptoms subsided. A case in every respect similar has just occurred to me, although the symptoms were less severe, and the same means of relief were resorted to with beneficial result. Whilst in consultation with Dr. Locock on the former case, he kindly gave me the history of a still more interesting one, which occurred in his practice some years ago, where a large sausage-like portion of hardened albumen proceeded from the upper part of the vagina, and had been mistaken for a hernia of the bowel. He, however, broke off the supposed hernia, and removed it, much to the wonderment of the attendants. I trust Dr. Locock will pardon me for mentioning this case without his consent, as indeed, I am sure he will, if it should be considered likely to prove a serviceable warning, or rather reminder; for, of course, we all know, although we may not always think to warn our patients of it, that these astringent injections do solidify the albuminous discharges females are so obnoxious to; and may produce the evil consequences these cases represent. For myself, I always request the patient to syringe with water three or four times, both before and after using the astringent. —*London Lancet.*

ARTICLE IV.

Cotton Seed, (Gossypium Herbaceum) as an Antiperiodic in Intermittent Fever.

To the virtues and uses of this plant, already enumerated in the report on the "Indigenous Medicinal plants of South Carolina," by Dr. FRANCIS P. PORCHER, let me add its use in intermittent fevers.

The information is derived from Dr. W. K. DAVIS, of Monticello, Fairfield District, South Carolina, in reply to inquiries made by him as to the medicinal properties and uses of cotton seed tea in some of the forms of fever.

The use of cotton seed tea in fever originated with a planter in Newberry District, who has used it liberally among his negroes, and uniformly with success.

"I have never failed," he says, "to cure a patient, with a single dose of it, even where large doses of quinine have failed. Where the patient has been ill of third day fever and ague, and for months, in such cases success has followed its use."

Professor SHEPARD's analysis of cotton seed tea shows it to be composed of many inorganic matters, some of which may really possess great medicinal virtues in this disease.

The mode of using cotton seed tea is as follows: After having given a dose of calomel, the day or night previous to the attack, followed by castor oil in time to produce a cathartic effect before administering the tea, you put a pint of cotton seed with a quart of water, in a vessel, and boil it until half the water has evaporated. Put the patient in bed, an hour or two before the usual recurrence of the ague, and give him a gill of the warm tea to drink.

Without advancing any opinion in reference to its exhibition, whether for or against, I present it to the notice of the profession, as a remedial agent becoming popular in domestic use in the section of country mentioned, and, therefore, claiming investigation on the part of the medical profession.—*Charleston, S. C. Med. Jour.*

ARTICLE V.

Application of Collodion in Small Pox, to prevent pitting.

By S. B. Brinberhoof, M. D., of Pa.

Dr. Flint—*Dear Sir:* Having pursued a treatment of my own, as far as I know, (yet it may have been practiced by others, and not have met my notice,) in two cases of small pox, I have thought perhaps it would not be doing wrong to state the facts to you. I regret that the notes I took of the case at the time, have by accident been misplaced, and I shall have to state the facts from memory. The first case occurred to a person who had never been vaccinated, to his knowledge. The second person had been vaccinated, but I could not discover any scar as showing it had worked well, or at all. I will not state particulars as to the cases, more than that I considered them both cases of virulent small pox.

The treatment was as follows: As soon as the eruption showed itself, I applied, with a fine varnish brush, to the face and neck, a coating of collodion, except the upper eye-lids, and a small place on the neck. The place on the neck I left to see whether there would be any scars, should the patient recover. I applied the mixture every day for four days, then every second or third day, as I thought required. One on the twenty-first, the other on the twenty-third day, was discharged as convalescent, with directions, should any scattering eruptions appear, to apply the mixture over them. There was scarcely a single scar on either patient, over the parts where the mixture was applied; but in each case, where there was no collodion, used, as the spot on the neck and other parts, was pitted as much as I ever saw in my life.

I pursued this practice from a suggestion in your lectures, while upon this disease, stating that covering the face, &c., with gold leaf, had been considered by some as a preventive against scars being left, by excluding the air from the affected part. The gold leaf is an expensive mode of treatment, while the collodion is cheap, and easy of application.

Should you think this worthy of notice in your Journal, you are welcome to do so, if not, just as well.—*Buffalo Medical Journal.*

ARTICLE VI.

PROFESSOR AUSTIN FLINT'S CARD.

The undersigned, Chairman of the Standing Committee on *Practical Medicine*, appointed by the American Medical Association, May, 1850, respectfully solicits the co-operation of members of the Medical Profession in furnishing materials for the Annual Report in May, 1851. The duty of this Committee, as defined by the Constitution of the Association, is to "prepare an Annual Report on the more important improvements effected in this country in the management of individual diseases; and on the progress of Epidemics; referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service." In order to fulfill the objects thus expressed, the requisite data must be suppled by medical practitioners in different sections of the Union. This is more particularly true with reference to the "*progress of epidemics*," and "*the character of prevailing diseases in special localities.*" Communications, therefore, are particularly desired from persons residing in places in which epidemics have prevailed, or in which prevailing diseases have been marked by special characters during the present year. Epidemic Cholera and Dysentery are known to have prevailed more or less extensively in different parts of the country during the past summer. Facts bearing upon the features peculiar to the present season, the production, diffusion, mortality, treatment, etc., of these diseases, will be acceptable. It is requested that Communications upon these or any of the subjects coming under the cognizence of the Committee, be transmitted to the undersigned by the first of March 1851.

All contributions with which the Committee may be favored will receive due attention and acknowledgment.

AUSTIN FLINT.

Buffalo, New York, Nov. 1850.

Editors of Medical Journals will confer a favor by copying the above.

ARTICLE VII.

Surgical Report for the American Medical Association.

The committee is invited to meet in the Charleston Hotel, South Carolina, the evening of the first Tuesday in May next. All professional brethren, who have *surgical* facts connected with the improvement of this branch of the profession during the year, will please address them to the chairman of the committee by the first of April, at Augusta, Georgia. As all cannot be reached by a circular, it is hoped no one will wait for a more direct application than this general invitation.

By extending this notice, the medical periodicals of our country will advance the interest of the American Medical Association, and the editors will confer a favor upon their recent confrere, PAUL F. EVE, M. D.

Prof. of Surgery in the Louisville University, and Chairman of the Committee on Surgery, of the American Medical Association.

Louisville, Ky., Dec. 1850.

ARTICLE VIII.

Lectures on Operative Surgery in the College of Physicians and Surgeons. By Prof. MOTT.

On Friday, Dec 13th, Professor Mott, after some concluding remarks upon the subject of Thoracic Aneurism, proceeded to speak of Ligature of the External Iliac Artery. This operation, he remarked, had been first performed by Abernethy, in 1796, but unsuccessfully. He tried it in 1806, with a successful result. He was followed by Messrs. Tomlinson and Freer, in England; while in this country it was first ligatured by Dr. Dorsey, and next by Dr. Wright Post, of this city. Afterwards by Dr. Smith, of New Haven, Dr. A. H. Stevens, Dr. Jamieson, and Dr. D. L. Rodgers, and others Dr. Mott described the different modes of operating, and then his own manner of performing it, which he exhibited at the same time upon the subject. He makes a curvilinear incision, commencing just above the external abdominal ring, and extending outwards, and parallel with Poupart's ligament, towards and a little above the anterior superior spinous process of the ilium.

The skin and superficial fascia are divided, and the tendon of the external oblique clearly exposed. This tendon is then cautiously divided to the extent of the external incision, and it is then separated from the internal oblique, and the flap turned up. The edge of the internal oblique and transversalis muscles is then carefully detached from Poupart's ligament and turned upwards. A portion of the funnel-like, or tubular process of the fascia transversalis, which invests the cord, is then pinched up and raised by the forceps, and then divided transversely with the point of the knife. The finger is then passed into it, along the cord to the external abdominal ring. The pulsating artery is then felt behind and below the ring. The cord thus serves as a guide to the artery, while, by the above method, we are sure of getting *below* the peritonæum, so as to raise it from and above the artery. In this mode of proceeding, there is less danger of tearing, or otherwise injuring the peritonæum, than in any other plan of performing the operation. Having raised up the bag of the peritonæum, the edges of the wound are to be separated by spatulas, and by the fingers of assistants, so as to enable the operator to get as good a view as possible of the artery, which is then to be carefully separated from the vein which is below and on the inside of the artery; and only to an extent sufficient to allow of the passage of the aneurism needle. In this, as indeed in all cases, the vessel should be disturbed and isolated from its sheath as little as possible. The needle should be passed *from*, not *towards* the vein. The artery is tied generally about an inch above Poupart's ligament, and care should be taken before tying it to ascertain that no nervous filaments are included in the ligature. The edges of the wound are brought together by a suture, and slight adhesive straps, but no bandage of any kind should be applied, nor anything which may constrict the limb, or tend to interfere with its circulation. Loose cotton, or some equally good non-conductor of heat, should be placed all around the limb, from the toes to the groin, so as to cherish the heat and vitality of the part.

Dr. Mott, in speaking of the Statistics of the Operation, stated that he had ligatured this artery seven times; four times with success. Of the three remaining cases one died from secondary hemorrhage; one from peritonitis, caused by excess in the use of spirituous liquors, and the last from gangrene of the inferior extremity. This was a case of traumatic aneurism, in which the aneurismal sac communicated with the femoral vein.—*N. Y. Register of Medicine and Pharmacy.*

ARTICLE IX.

Medical Gleanings in Naples. From the Editorial Corres dence of the Boston Medical Journal.

The Neapolitians entertain an opinion that bloodletting is indicated in many diseases in which, among us, it would be thought fatal. Bleeding is a distinct profession and in narrow lanes, it is quite common to find painted signs, representing a nude man, tapped at several points—a stream of blood-flowing from the arm, the neck and foot, all at the same moment. In the spring, everybody is supposed to require bleeding, just as, in some parts of New England, whole neighborhoods at that season take physic. Horses, too, are here bled unmercifully. A few days since, a poor, overworked creature was standing in the middle of the street, his blood flowing out with frightful rapidity. He required food, instead of cruel depletion. Consumption is considered infectious; consequently, on the death of a person from pulmonary disease, his clothes are burned and the apartment at once thoroughly purified. An instance was related by a high public functionary, the other day, of a family being warned to vacate their hired premises, forthwith, because a member of the family gave indications of approaching pulmonary consumption. Nowhere are the dead more magnificently exhibited at a funeral, or more quickly disposed of when the ceremonies are finished. One coffin answers for thousands, to all appearance. It is of rough, white boards—lodged temporarily, while in the church, in a rich sarcophagus, covered by a richly wrought pall, made heavy by gold lace and fringes. When the candles are extinguished the friends retire, and the coffin being taken out, is carried on the heads of rough-looking fellows to a closet. Afterwards, if conveyed to the Santo Campo, the corpse is taken out of the coffin and laid on a shelf in a tomb, and the empty box brought back for another. Some of the funeral processions in Naples, Rome and Florence are very extraordinary performances—the persons following are all masked, having eyeholes to see through, while by-standers are prevented from recognizing any of them. At Florence the burials are by night.

Naples, Oct. 22, 1850.

ARTICLE X.

Singular Revenge.—Late one evening a person came into our office, and asked to see the Editor of the Lancet. On being introduced to our *sanctum*, he placed a bundle upon the table, from which he proceeded to extract a very fair and symmetrical lower extremity, which might have matched

" Atlanta's better part."

and which had evidently belonged to a woman. "There," said he, "is there anything the matter of that leg? Did you ever see a handsomer? What ought the man to be done with who cut it off?" On having the meaning of these interrogatories put before us, we found that it was the leg of the wife of our evening visitor. He had been accustomed to admire the lady's leg and foot, of the perfection of which, she was it appeared, fully conscious. A few days before, he had excited her anger, and they had quarrelled violently, upon which she left the house, declaring she would be revenged on him, and that he should never see the objects of his admiration again. The next thing he heard of her was, that she was a patient in **** Hospital, and had had her leg amputated. She had declared to the surgeons that she suffered intolerable pain in the knee, and had begged to have the limb removed, a petition the surgeons complied with, and thus became the instrument of her absurd and self-torturing revenge upon her husband!—*London Lancet.*

ARTICLE XI.

Snake Bite cured by the Tinc. of Iodine.—Dr. James Langworthy of Reynoldsburg, has kindly forwarded the following observation:

C. G., a boy about 8 years old, was bitten by a snake about 2 o'clock P. M., August 28th, 1850. I was called in about 5 o'clock the same day. Found a characteristic wound on calf of the leg. The limb had swollen very much; was quite tender, but there was no discoloration, except very near the wound. The usual applications recommended in such cases were used, and continued until the next morning, but to no effect. The swelling increased, and by that time had extended over the whole limb, the inflammation becoming erysipalatous and of an aggrivated character.

Recollecting a notice of the use of Tinc. Iodine in such cases, in Braithwaite's Retrospect, part 20, pp, 180. [Dr. Whitsmire's article first published in the North Western Medical and Surgical Journal.] I applied it three times on the more inflamed parts, and twice upon the whole leg at intervals of twelve hours with the most gratifying success. It seemed to act like a charm, and completely subdued the inflammation. —*Ohio Med. Jour.*

ARTICLE XII.

Case of Annual Return of Cutaneous Poison.

A. L——, a young lady, now 22 years of age, was exposed in the summer of 1838, to the acrid vapors of the *rhus toxicodendron*, or poison oak. A smarting sensation in the face, occurring after washing with cold water, followed by redness and swelling, induced the belief that she was poisoned by the plant, which she had met with in her walks; the subsequent vesication, and desquamation of the cuticle, confirmed her suspicion. The treatment was palliative, and with the decline of the symptoms, and return of usual health, the affection was almost forgotten. In the year 1839, and about the same time in the year, the disease again returned, and has continued to do so every year since, except the last. She was then on a visit to Virginia; and while there wrote home that it would mar her enjoyment very much to be confined, as usual, with this disease, and desired me to prescribe for its prevention. I did so reluctantly. Alterative doses of iodide of potassium were recommended to be taken daily, for several weeks before the expected attack. She complied with my instructions and had no return of her annual sickness. Her general health, however, was not so good, during the remainder of the year, as it had formerly been. She suffered a good deal from headache, fugitive pains in different parts of the body, irregular appetite, and deficient menstruation. This summer the disease has again returned, and she is now convalescing from a mild attack, which has been mostly confined to the lower extremities. She looks well, and probably will be better than she has been for a year past.—*N. J. Med. Rep.*

ARTICLE XIII.

Re-Vaccination in Prussia.

Re-vaccination is systematicatly practiced in Prussia. No child is admitted into a school without proof of vaccination, and every recruit is vaccinated on admission into the army. In the year 1848, twenty-eight thousand eight hundred and fifty-nine soldies were vaccinated; of these, the vaccine disease was regular in sixteen thousand eight hundred and eighty-two; in four thousand four hundred and four individuals it was irregularly developed; and in seven thousand five hundred and seventy-three it did not take any effect.—*London Medical Gazette.*

ARTICLE XIV.

Attending Families by the Year.

The Plan of attending famlies by the year is dictated by a trading mercenary spirit, unworthy of members of a dignified profession. It has too much the air of pelf about it, and should at once be abandoned. It may suit the dealer in matches, the butcher, or the iceman, but is clearly out of place among physicians. We are glad to hear that notwithstanding the efforts of some members to have it recognised by the Medical Society, that respectable body unhesitatingly condemned it.—*St. Louis Probe.*

Part 4.—Editorial.

ARTICLE I.

THE PHYSICIAN AND PATIENT.

This work which has received the commendation of most of our contemporaries in this country, and has been re-published in Europe, has just been laid upon our table by Mersrs Burley, Booksellers of Chicago. It is by Worthington Hooker, M. D., of Norwich, Connecticut, who seems to be conversant with "the mutual duties, relations, and interests of the Medical Profession, and the community," and has taken very just views of the errors of both parties, so far as a cursory glance through it will enable us to judge.

The work is written in an easy, fluent, and pleasing style, and does great credit to the taste and good sense of the author.

Those of our readers who have been accustomed to complain of the want in their knowledge and skill manifested by a portion of community, will here find the reasons for such incredibility; both those that unhappily arise from the uncertainty of Medicine, and those that depend upon deception and false appearances, which are fully, and we should think fairly discussed and philosophically explained. They will also find some excellent suggestions in reference to that line of conduct by which the physician should be guided, and by which he will attain to a position and standing that will enable him to become extensively useful.

The various forms of quackery are treated in a spirit of candor and with clear conceptions of their source, nature, tendencies, and a full and fair exposition of the pabulum of their support. A chapter too is devoted to the means of removing quackery.

The major part of the book which contains 552 pages, 12 mo., is devoted to the consideration of the influences and necessities of proper conduct on the part of the physician toward his patients, and of community towards him, to secure the most speedy and sure success in practice.

The closing chapter of the work is a consideration of "the trials and pleasures of a Medical life."

This chapter is full of truthful and pointed reflections, and of rich and pleasing consolations.

There is an appendix in the form of a letter on the subject of the propriety of the physicians paying attention to the spiritual wants of his patients, after which follows the code of etheics of the American Medical Association.

Altogether it is one of the most entertaining books that we have met with, and we cordially recommend our readers to procure it, and to try to get it into the hands of the intelligent members of their communities respectively, as it is calculated to diffuse correct information in a style that will be sufficiently attractive to secure a perusal. E.

ARTICLE II.

OUR JOURNAL.

We have often been solicited to publish the Journal monthly, instead of only once in two months, and out of deference to the judgment of our friends in regard to its propriety, we have had the matter under serious advisement. But fearing that the increased expense might not be met by any increased punctuality on the part of our patrons in making prompt payment, we have not thought it best to try it, for however the circulation might be extended, it is but too manifest that without prompt payment, we would be greatly the loosers by the change.

We however, propose to make [illegible]hange gradually, by commencing on the first of April ne[illegible] the issue of the North Western Medical Intelligencer, and to continue it every other month, designed to keep our readers informed in reference to all of the current medical news of the months intermediate between the issue of the Journal.

The intelligencer will contain sixteen pages, uniform with the Journal, but will make a separate volume, and will be sent to those of the subscribers to the Journal only who have paid all arrearages and advanced the money for the volume. We shall, with each issue, print only enough copies to supply such portion of our subscribers as have paid up at the time, and therefore we will not be able to supply any back numbers of the Intelligencer. It will not be sent to non-subscribers of the Journal at all.

The Journal in the mean time, will be issued regularly, as heretofore, giving about five hundred pages of reading matter for the same price. Thus those of our readers who pay in advance will get about 600 pages of reading matter for the same money, and be more regularly advised of passing events.

ARTICLE III.

DR. DAVIS' HISTORY.

An explanation for sending the extra pamphlet containing the concluding chapter of Prof. Davis' History should have been given in our last. Finding we could not publish the History in this volume of the Journal without crowding out much other matter, we thought it better to get the sheets from the book as it was going through the press, and in this manner complete the work. The size of this pamphlet is a little different from the Journal, but as it is paged to come at the back of this volume, it will bind with it very well. By this, we will give some 60 pages extra in this volume.

THE NORTH-WESTERN MEDICAL AND SURGICAL JOURNAL

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Part I.—Original Communications.

ARTICLE I.

On the use of Chloroform as a Therapeutical Agent; (being a paper read before the "Central Medical Society," of Illinois,) by Dr. James Smick, President of said Society.

Gentlemen: It is made my duty, by the Constitution of this Society, to deliver an address upon some medical subject. And, in discharge of this duty, I have selected for our present consideration, the use of Chloroform as a Therapeutical Agent.

The combined experience of the medical profession is necessary to determine the dose, and select cases in which an agent of so much potency, as Chloroform, should be used. I shall, in the first place, report four cases of rare occurrence, in which I have used it with good success; and, secondly, give some rules that I have adopted to govern me relative to its use.

Case 1. On the 22d day of January, 1849, I was called to visit Miss G. I found her laboring under a very severe attack of Cerebro-Arachnitis. She had been sick some two or three days, and under the treatment of an other physician. She had been bled, purged, and blistered on the back of the neck and *forehead*, without the least mitigation of the symptoms. *Present Condition.*—Perfectly unconscious to all surrounding objects. Has high fever with restless paroxysms, which last for about ten minutes. In these paroxysms she tosses herself most violently about, requiring two or three persons to keep her in bed, and from hurting herself;—perfectly delirious, occasionally screaming vociferously. From these paroxysms she sinks into a stupor which lasts for an indefinite time, continuing sometimes as long as half an hour, at others only about five minutes, a constant muttering to herself, pulse irregular, sometimes as frequent as one hundred, and at other times down to seventy; and most of the time shattered; tongue dry and covered over with a brownish coat, breathing hard, lies with her mouth and eyes partly open when she is still,—deglutition suspended,—the surface of a purplish appearance.

Deglutition being suspended, the use of internal remedies was entirely cut off, and the aid of revulsives externally offered a poor prospect to combat so formidable a group of symptoms as this case presented. I, therefore, resolved upon the use of Chloroform to procure rest, if nothing more. I dropped thirty-five drops upon a silk handkerchief and let her breathe it until she became quiet. She lay about half an hour quite easy, she then breathed the same quantity and remained quiet for about two hours. When she roused up this time, she seemed to manifest some marks of intelligence, could talk, asked for water but could not swallow it. Ordered the Chloroform in the same quantity at about four hours intervals, if the restlessness and delirium should return; sinapisms to the spinal column about every six hours; the extremites rubbed with cayenne and vinegar, and, if she could swallow, a powder composed of 1 gr. pulv. camphor, 10 grs. calomel and 2 grs. pnlv. ipecac, every three hours, until four doses were taken.

23d. Found her much more rational than the day before; all the symptoms abated in severity, had had one operation of the bowels, had used the Chloroform but once, had made frequents attempts to take the powders but was supposed to have swallowed but one in all. The sinapisms had drawn well. Complains of pain in the head and soreness of the throat. Directed a continuation of the same remedies.

24th. The delirium seems entirely relieved, talks rationally upon all subjects, desires to take food but cannot swallow. Used the Chloroform twice since last visit, could not take the powders, had to discontinue the sinapisms on account of the irritation they produced. Has had no fever for the last twenty-four hours.

As this was the last time we had any occasion to use the Chloroform, and there was but little change in the case for three days, I think it unnecessary to give a further detail of the treatment, further than to state that every external means was used, that could be, that seemed to offer any prospect of relief in the case, such as blisters to the throat, stimulating gargles, enemata, &c. But as she could not swallow internal remedies, on the evening of the 27th a high fever set in that seemed to bring on the sinking of the vital energies of the system, and she sank on the 28th. So far as the effect of the Chloroform was concerned in this case it was perfectly satisfactory, and had deglutition returned so that she could have taken internal remedies, I firmly believe she would have recovered.

Case 2. About twelve o'clock at night on the 4th day of September, 1849, I was called to see a negro girl about sixteen years old, laboring under severe congestion of the brain. I found her on a low bed with three persons holding her there. Every ten or fifteen minutes her whole muscular system seemed violently agitated, not irregular muscular contractions, such as exist in convulsions, but more like desperate struggles to get away from the attendants. She had not spoken for about four hours, was taken in this manner at about six o'clock P. M., was perfectly insensible to external impressions; pinching or shaking did not make any impression on her.

The pulse was rather quicker than natural, not very full nor frequent, she breathed very much like a person very tired from long exertion, no frothing at the mouth, whenever her head was at liberty she was trying to bite every thing in her way, had bitten her own arms before they held her head, did not attempt to swallow.

I took about twenty ounces of blood from her arm, and dropped about forty drops of Chloroform upon a handkerchief and applied it to her nose and mouth, but from the violent struggles that she was making a portion of it was lost.

I dropped out fifteen drops more and let her breathe it. In about two minutes she asked the attendants to let her go, raised up in bed and asked for a drink of water which she drank with great avidity, asked what time of night it was, and when told it was one o'clock she seemed astonished to think they were sitting up so late, supposed that she had just awoke from a sound sleep; nothing but the fact that she had been bled and my presence in the room could convince her that she was indisposed.

I directed alterative doses of hyd. submuriate to be followed by a brisk cathartic. She remained rather stupid for about thirty-six hours, and then appeared to be as well as usual. I never saw any thing operate more like a charm than the Chloroform did in this case.

Case 3. I was called on the 27th of September, 1849, to visit Mrs. E., in labor with her seventh child. She had been in labor for about ten hours. The os uteri was but slightly dilated and the edges very thick and hard.

At about the sixth month of utero-gestation she received a hurt that threatened abortion; fever followed and she was not able to be up much from that time to the present. In consequence of this indisposition she had no strength to stand a tedious labor, as this seemed likely to be. I took twelve ounces of blood from the arm and gave twenty drops of laudanum. In about eight hours I was summoned to the case again. The os uteri had dilated to its full size, the pains were very distressing, but not very efficient, her strength had evidently begun to sink, cold sweat bedewed the forehead and she was the subject of a peculiar nervous depression; while during each pain her cries were most agonizing.

Here was a case that I expected peritoneal inflammation or puerperal fever to follow, if she lived until the birth of the child. I used Chloroform, by inhalation, but not to complete anasthesia; she ceased her complaint about the pains, said she could feel them but that they did not hurt her. They increased in efficiency after the use of the Chloroform, and in about half an hour the child was born.

The placenta was delivered by the contractions of the uterus; no flooding or other pains followed. The tonic contractions of the uterus seemed to be perfect. I never saw a more rapid recovery under such unfavorable circumstances. The child also did well.

Case 4. On the second day of March last, I was called to see a child, less than two years of age, in convulsions caused by the eruptive fever of varioloid. He had two very hard convulsions, and when I got in the house he was screaming, his head thrown back, his face flushed, and his hands firmly clenched. I dropped out twelve drops of Chloroform and had him breathe it; in less than two minutes all muscular contractions were relaxed, he seemed to lay quiet for about fifteen or twenty minutes when he again became restless, when the Chloroform again quieted him. It was used some three or four times in the course of about two hours, when all symptoms of convulsions left him.

I have used Chloroform as a therapeutical agent in many other cases with marked benefit, such as neuralgia, intermittent head aches, and asthma, and, also, as an anesthetic in some surgical and dental operations. Without stopping to notice the discussion now going on between the advocates of the use ot Chloroform as an anasthetic in pain attending physiological action, and those who oppose it, I shall very briefly state the principles that govern me in its use.

1. I use it in all cases of pathological action in which there is severe pain arising from nervous irritation, or inflammation demanding immediate relief, and in which the usual anodynes and narcotics would not have time to operate before a dangerous result would be apprehended, and then carry its effects just so far as to relieve pain, but not to complete anasthesia.

2. In all obstetrical cases attended by that peculiar train of morbid action, such as chlorotic habit, derangement of the chylopoietic viscera and liver, in which we have reason to apprehend that the severe and long protracted labor pains would produce a bad recovery, peritoneal inflammation or puerperal fever, &c.

3. In all obstetrical cases, when turning or instrumental delivery is necessary, in which the operation is very painful or tedious.

4. In all capital surgical operations, where the pain of the operation would do injury to the nervous system.

These are the rules that I have adopted to govern me in the use of this most potent medicine, Chloroform, and which I expect to continue to follow, until this progressive age of improvement shall bring out, and settle down upon, some other and better principles. These rules seem to be perfectly safe, not liable to the objections incident to its indiscriminate use, and freed from any fatal results, for it need not be used to complete anasthesia in any case, excepting some surgical cases.

Used in this way it supplies a vacuum that has long existed, and that could not be filled by any other medicine, except it was of the same class.

It is not extravagant to hope that the time is not far distant when Chloroform will be combined with some other agent, that its properties will be so modified that it can be used with impunity much more extensively than it now is, or that much may yet be learned relative to the dose to be used. When we reflect that it required years to ascertain the proper doses of quinine, we have much to encourage us in this particular relative to Chloroform.

Indian Point, Menard Co., Ill.

ARTICLE II.

Medical Topography of York Township, Washtenaw Co., Mich. By Dr. W. W. Goff, of Moorville, Mich.

The readers of etiological history, should not expect anything of the marvelous in the description of this quiet Township. Nothing here excites veneration or sublimity, except the solemn forest, which keeps its steady place; no towering mountains, no granite hills, no foaming cataract, no "silvery lake," no Mississippi floats through with its ocean of waters; nor is there so much as a Popocatapetl, to manufacture saltpeter or brimstone for us.

This township is bounded North by Pittsfield, East by Augusta, South by Milan, West by Saline. The population is about 1000, occupied principally in agriculture. Some parts of the township have been settled more than twenty years; but most of the settlement is of later date the emigration is principally from the State of New York.

Rivers. The Saline is a small stream of two or three feet water, at low water mark, running south east through the township. Its course is crooked, it has a feeble current and occasionally affords site to a mill; the water is colored and flavored more or less by the accumulations of floodwood at various places in its course, as well as by the constant supplies of drift, as leaves &c., from the burdening forest, reminding one of swamps, springs, &c. This stream like others in this part of the State, is subject to great variation in the wet and dry seasons, at times making pretensions to rank among rivers; then again making itself principally useful to mills, fish, and ——— geese. The Saline has a clay-like, miry bed, and low banks, which it frequently overflows.

The *soil* of this township is clay, clay and sand, and sand, clay predominates.

The *surface* is level in the south and east; more undulating in the north and west, but never rises to hills of much altitude, nor degenerates to swamps, except that it is occasionally springy, or boggy on the openings. The level lands require draining to make them profitable and arable, but are naturally good grass lands.

Timber. The clay soil, or clay and sand, is found mostly in the eastern and southern sections. These parts are heavily timbered with oak, ash, bass-wood, maple, hickory, black-walnut, shagbark, butternut, elm and beech, which attain respectable dimensions, and many of them formidable to the inexperienced woodsman. The northern and western parts of the township are called openings. The timber there is less varied and less abundant, a medium oak constituting the prevailing variety.

Stone. We have no quarries of stone here, nor do I know of any within twenty miles. The stone mostly used in walls, are found on the surface, irregular shaped, commonly called "hard heads," "sand stone," &c., almost defying a stone hammer to make them face two ways at the same time. These stone abound in some localities; whether they indicate regular stratified deposits adjacent, I am not aware, such have not yet been developed.

The *Medical Botany* of this township is the most considerable of its characteristics. Sanguinaria Canadensis, Geranium Maculutum, Cornus Florida, Asclepias Tuberosa, Prunus Virginiana, Eup. Perf. and the whole armature of the domestic and pepper treatment, are found here in profusion.

Here, as in the western country generally, *the* cause of disease is *Malaria*, or what is understood by that term, in some of its manifestations or degrees. Whether this is an existent acting principle in the causation of disease, or has its being only in the imagination of the wise ones, it answers well as a pack horse to bear the execrations of shivering humanity in this western country. There is no fountain heads of that poison, that I know of in this vicinity, except that the mill ponds, and streams should be so considered. The dam across the Saline near here, raises a pond for a mile, twice that by the stream; during the summer months this pond is kept full, or as near as possible.

My own experience is, that, other things being equal, there is no more disease on the course of the stream, or in the immediate vicinity of this pond, than in other partsof the township; nor that disease has different characteristics in these vicinities compared with other places. But there is a small stream four miles east, running nearly south, that has in some places a gravelly bed, that is damed for the support of a saw mill; this dam courses a large marshy pond, which is damned by all the inhabitants in its vicinity, as one of the greatest morbific inflictions ever imposed upon a neighborhood. Dr. Bowers, a physician for many years a resident here, informs me, that the pond first mentioned, adds materially to the amount of disease in this locality. The dam was down and the river had unobstructed course for six years, 1839 to 1845; during this period there was much less disease than anterior or subsequently, since the first erection of the dam in 1834.

The prevalent diseases are intermitting and remitting fevers, bilious pneumonia, diarrhoea dysentery, and occasionally rheumatism, and some of the inflammations; these are *prevalent*, but additional, we have more or less of the whole nosological list under care at one time or another, but nearly all diseases are modified by the ever present genius of evil—malaria.

My professional experience in this place dates only one year. The epidemic diseases of the past season, 1850, showed the usual characteristics of malarious origin, generally. During the period, the month of September particularly, when diseases took definite character, there was a diarrhoæ for two, four or six days of a chylous or *a bilious* character; discharges liquid, light colored; affording temporary relief to the patient; no complaint of tormina nor tenesmus in most cases; patient uniformly expecting that some mild astringent would affect a cure. Many of these cases were attended with a mild quotidian or tertian. As the disease became developed, the patient had nausea and vomiting more or less, alternating, and diarrhoea; great oppression of the precordial region, general uneasiness, amounting to pain in many instances, of the portal region; the intermittent or remittent assumed a severe form, well developed, the chill and fever occupying 12 to 20, in some cases 48 hours. After the second or third paroxysm, unless molested by treatment, assuming more of a continued character, the remission not being perceptible, or, very indistinct, and congestions formed.

In the forming stage, the treatment found the most successful, was to exhibit Calomel and Jalap, a a gr. 8 or 10. or 8 to 12 gr. cal., followed by castor oil, jalap, or jalap and cr. tartar, in 2 to 6 drs. In many cases, this treatment, with one to three five grain doses of Quinine to check the intermittent, supported by some of the bitter tonics, removed the malady.

But too often the disease established itself, then calomel in limited quantities, laxatives, febrifuges, as camphor powders, (℞ camph. carb. am. a a 1ʒ Ipecacʒij(Dovers powders, or if there was much heat and restlessness, cold water, varied to meet the exigencies of particular cases, established convalescence; and the infusions of Gentian, Orange perl., quassia, or wild cherry, with perhaps two or three grs. sul. iron in the infusion. generally concluded the treatment.

ARTICLE III.

Case of Abdomanal developement of the Liver and Spleen at birth, By D. HUTCHINSON, M. D., of Mooresville, Ind.

On the morning of the 4th of June, 1850, I was called to visit Mrs. B. in labor, with her second child. She was a healthy young female, æt. 21 years. Her labor proceeded pleasantly, and in an hour after my arrival, she was delivered of a female child. The child appeared below the ordinary size for a mature fœtus, with the exception of the abdomen, which was excessively disproportionate to the head and extremities. The lady affirmed that she had gone the full period of utera-gestation. The heart and umbilical cord was still pulsating, it opened its eyes, yet it showed no symptoms of the establishment of respiration. It was only after considerable effort, by artificial respiration, kept up through a gum elastic catheter, introduced into the mouth of the child, that any appearance of breathing could be noticed. After partial respiration was established it attempted to cry, there was a considerable interval between each respiration. On examining the abdomen I found a firm and hard substance occupying the position of an enlarged liver, extending from the right hypochondriac regions to the middle of the epigastrium, and running with a well defined margin, down the median line of the abdomen, till it extended to the hypogastric and the illiac regions, occupying the entire right half of the abdomen. On the left side I found another hard substance, which appeared to correspond with the location and shape of an enlarged spleen, it extended over and met the liver at the median line of the abdomen, and descended into the hypogastric and left illiac regions, occupying the entire left half of the abdomen The abdomen appeared nearly double the size of a nine months fœtus, and the head and extremities were apparently imperfectly developed, or below the usual size. The breathing of the child continued slow and difficult, the lips and face shortly became of a purple color; black inky spots, about the size of pin heads, soon appeared over the body, the whole surface became purple, and in three quarters of an hour it died. I was not permitted to make any post mortem examination.

The abdominal regions appeared to have been developed at the expense of the head and extremities, and may probably be accounted for, by an abnormal formation of the circulating apparatus.

ARTICLE IV.

Hæmatocele, By Dr. R. W. Hall, of Hawk Eye, Iowa.

At about 11 o'clock P. M., September last, I was called to go in haste 1 1-2 miles, to see Mr. E. M., who was represented to be in a dangerous condition, as he was suffering most intensely. Upon my arrival, I found him looking rather pale, cool, quiet, and cheerful; but with agony depicted in his countenance. I inquired for the cause of his suffering, when he answered: "Oh, sir, I am in a bad fix, I have had a general cold, and as I got better better of it, it settled here; (placing his hand on the pubis,) and as my cold mended, this got worse. I have suffered very much—I have a great deal of pain."

On examination I found the right hemisphere of the scrotum hot, swollen, and somewhat tender; the integuments stretched, but not very tightly, the tunica vaginalis appeared very tense and hard, the spermatic cord, of the right side, also swollen and hard. The right side of the scrotum overlapped the left, and would measure about 20 inches in circumference, while the left side was but little enlarged. About four days previous to my nightly visit, (but after the swelling had made considerable progress,) he had fatigued himself by running, while driving cattle. After this, the swelling and pain increased much more rapidly. Some 20 or 24 hours before I saw him, a point, in the anterior portion of the tumor, had yielded to the force of the accumulation within, from which some blood, both clotted and fluid, had escaped. This gave some relief, but the aperture becoming partially closed by a clot, and the blood being no longer permitted to escape, (except a very slight oozing of serum,) the swelling and pain returned, and continued to augment, up to the time of my seeing him.

I proceeded at once to enlarge the opening, to the extent of an inch and a half, probably more, but the clot refused to be discharged. I now made a close examination of the mass, both in its position, and of the small parts of it that I was able to dislodge, and could distinctly see fibrinous shreds and filaments passing in all directions, but mostly from the tunica vaginalis toward the centre, in the form of small pillars, with their bases resting on this tunic, and to which, also, the whole mass seemed to adhere, thus showing a tendency to organization. The testicle was pushed as far posteriorily as it could get.

With a suitable probe, I broke up the mass and adhesions, as well as I could, to the distance of two inches or more, by passing it through in every direction; after which, some small portions were removed. This by removing the tension, gave some ease. I then applied cold wet cloths, and left him.

At a pretty early hour next morning, I visited him again and found the tumor but little diminished in size, except near the orifice: while from it, there still issued some blood. It was, however, more cool and soft, and less painful; and, the swelling of the spermatic cord was much less prominent. After removing that part of the mass which led toward the source of the broken vessel, viz: toward the symphysis pubis, I injected by means of a small syringe, a solution of sulph. zinc, in that direction. The application of this astringent, once or twice repeated, aided by the cold cloths, soon caused the flow of blood to cease. Most of the clotted mass was now removed. The clot, which was easily removed by pieces, (together with sanious fluid,) appeared to be made up of two distinct portions—one as a jelly of mashed fibrin and blood and the other, which I suppose to be parts of the original mass, not broken up by the probe, was rather more compact, firm, and tenacious, than clotted blood usually is. The cold cloths were continued.

I saw him the following day: there had been no more bleeding, the pain was gone, the swelling had nearly disappeared, and in two or three days more, the patient was on foot, at his usual avocation.

It may be asked, why I did not turn out the whole mass at once? and why I did not use the injection on my first visit? To answer the last question first, I could not had it been my wish, for I had not the means, (i. e. no syringe at hand), and as the bleeding was slow there was no immediate danger of fatal hæmorrhage, and *perhaps* the cold application *might* arrest it; and farther, as the bleeding was small, and "heat, pain, redness, and swelling," were all present, in a greater or less degree, it *might* be well to defer the injection until some of these "symptoms," if not the whole of them, could be at least, partially subdued.

To answer the first, knowing his need, as well as his desire to get about quickly, I did not think it best to open the scrotum its whole length, and thus inflict a larger wound than was actually necessary; for other things equal, the longer the cut, the more time to heal it; and, as the contents of the tumor from their nature, could not be urged through a small opening, I removed at first only as much as I could through such an opening without doing violence to the parts. And had the clot been displaced, without a corresponding contraction of the covering membranes immediately following, a new clot would have been the result, unless the broken vessel had permanently closed. And had the injection been then used, it would have spread over a greater surface of the vaginalis than would have been desirable, and would not have exercised any greater hæmostatic influence, than a smaller quantity applied only to the required point. The sequel I think, justified the delay ; for, after the clot and its adhesions were broken up, and the wasting blood freshly diffused throughout the mass, which evidently softened it, there was little danger and no difficulty attending its removal.

ARTICLE V.

Collodion in Mammary Inflammation and Small Pox. By Dr. J. H. MURPHY, of St. Anthony's Falls, Minnesota.

During the month of June last, I was called upon to see a lady, afflicted with inflammation of the mamma, supervening upon confinement. It was much swollen and painful. I applied the various remedial agents usually exhibited in such cases, but with very indifferent success. I observed, in the North-Western Medical and Surgical Journal, an article, written by Prof. Evans, detailing his treatment of similar cases, which resulted favorably and speedily, by the application of the collodion. I immediately applied the remedy, in the manner designated in the paper, and, although there appeared to be but little probability of preventing suppuration, yet by the assiduous application three or four times per diem, for three days, a perfect resolution of the inflammation and dispersion of the tumor was effected, with but little or no auxiliary treatment. The success here induced me to try it in the following cases : Having at this time a case of small pox under treatment, I concluded that as it was considered an object to protect the affected surface from the action of the atmosphere, the collodion might possibly answer that purpose as well as any thing which I had at my command. As this was an experiment, however, I proceeded cautiously, applying the solution on one of the lower extremities, previous to the perfect filling of the pustules, four times daily for four successive days. From the time of the first application the pustules retrograded, the itching and irritation in the part subjected to this treatment was allayed, and after the recovery of the patient, it presented a uniform, smooth surface, while the contiguous skin, to which collodion had not been applied, was deeply pitted.

Shortly after this I had another patient, laboring under the same disease, and being greatly encouraged at the result in the previous case, concluded to make a more extensive application of the remedy. At the same period in the course of the disease, as previously mentioned, I brushed the surface of the face, neck and hands of the patient, thoroughly, three or four times daily, for four days. The result was, as in the former case, a perfect prevention of the disfiguring effects of the disease, although both patients had the affection in a severe, confluent form. In the latter case, also, the remedy succeeded most admirably in alleviating the irritation and consequent unpleasant results, usually attending the progress of the disease. Not having notes of the cases, I cannot enter into a minute description of the appearances presented at different periods, and, therefore, only give the mode and time of the application, and the result. The only unpleasant circumstance in the treatment was, that the first (small pox) patient appeared extremely chagrined that his *face* had not been subjected to the experiment instead of his *leg*, and hinted, ominously, *mal*-practice. From the experience attained in these cases, I am inclined to think collodion the most effectual means of preventing pitting in the disease referred to. It only remains to be tested by future experiment, as to the extent to which it can be applied without producing ill consequences.

As no bad results followed the application to the face and hands, in the above case, this, in itself, is a great consideration if it should be found to act as favorably in regard to the marks of the pustules hereafter. The collodion has the advantages over all other agents hitherto employed for the purpose mentioned, that it is cheaper, more easily applied, and adapts itself closely to the the inequalities of the surface, besides being so eminently useful in allaying the itching and irritation.

ARTICLE VI.

Clinical Lectures and Cases in the Medical Wards of the Illinois General Hospital. By N. S. Davis, M. D., Prof. Principles and Practice of Medicine in Rush Medical College, and one of the Physicians to the Hospital. Reported by B. F. White, Interne.

Case 1st. T. Y., Male, aged about 35 years, admitted this day Dec. 9th, 1850; occupation a sailor on the Lakes. The patient before us, remarked the doctor, is a strong laboring man, in the middle period of life, and externally presents us with a flushed face of arterial hue, an active or excited expression of countenance; a hot and dry skin; a hurried, laborious, and painful respiration; the pain sharp and severe, and restricted chiefly to the left axillary and sub-axillary regions; cough frequent, painful, and suppressed; expectoration pretty free, and consisting of a red, liquid mucous which is generally known as the bloody or *brick dust sputa.* The patient complains of great oppression or sense of fullness and tightness across the chest, and of a heavy sore pain in the frontal region, much aggravated by coughing. The pulse is 90 per minute, full, and only moderately firm; there is much thirst; the tongue covered with a whitish fur; and the bowels slightly costive.

The position of the patient is dorsal, with the head and shoulders somewhat elevated. These symptoms, continues the Dr., are fairly and fully characteristic of inflammatory or symptomatic fever, dependent on active inflammation in some important organ; and the acute pain located in the lateral part of the chest, the difficult breathing, and the red or bloody expectoration sufficiently point to the Lungs as the suffering organs. But they neither inform us of the precise location, extent or stage of the disease, nor of the particular tissues involved. It is true, that the colorof the expectoration is regarded as diagnostic of pneumonia or inflammation of the air cells and parenchyma of the lungs; while the acute lateral pain, and suppression of respiration and cough are much more characteristic of Pleurisy. For more precise information, howevever, we must resort to the means of physical diagnosis. As I place my hands on the two sides of the chest, you see that it is broad and full, but the right side moves much more freely than the left during each inspiration. There is no enlargement or contraction of either side appreciable to the eye alone. By preserving silence, you will distinguish a pretty fair degree of resonance on percussion over the whole of the right lung, the upper lobe of the left, and the greater part of the middle lobe also, especially anteriorly. As we pass the inferior border of the pectoralis major towards the axilary region we get decided dulness, increasing as we go downwards and backward until we reach the attachment of the diaphragm to the walls of the chest. Indeed, as we cause the patient to turn on the right side and extend our percussion posteriorly, you perceive the dulness occupying both the axillary and subaxilary regions, and the space below the margin of the scapula on the left side.

This degree of dulness occupying the lateral and inferior part of the chest, accompanied by the active febrile symptoms, already detailed, indicates one of two pathological conditions, viz: the accumulation of a fluid in the cavity of the pleura, separating the lung from the thoracic parieties, or inflammatory infiltration into the pulmonary texture, constituting hepatization. Or we may have both these conditions existing in the same case, the consequence of a a pleuro-pneumonia.

On applying my ear now to different parts of the chest, I find the respiratory murmur in the right side and the upper part of the left, simply exaggerated or *puerile*, as it is termed; over the middle lobe of the left side there is a variable degree of coarse mucous rhoneus, and on a level with the lower edge of the Pectoralis major muscle, a pretty distinct vesicular or crepitant *rattle*, while as we pass into the axilla, we loose all sound except a moderate whiffing or tubular murmur produced by the air passing in the larger branches of the bronchial tube. While the patient is coughing or articulating sounds, as by counting aloud, with my ear over the left axillary region, I hear an obscure and somewhat vibratory transmission of the voice, rather intermediate between ordinary broncophony and œgophony. You will have noticed that the dulness on percussion is most complete in the most dependent part of the left side.

Now if we compare these signs with the ordinary symptoms previously stated, we shall be able to draw some very clear and reliable conclusions. Thus, the more or less complete dulness on percussion over the axillary and sub-scapular regions, with distinct *vesicular* murmur somewhat intermixed with coarse mucous rhoncus along the upper margin of the dulness, taken in connection with the laborious and painful breathing, the bloody expectoration, and the active febrile symptoms, leave no doubt of the existence of pneumonic inflammation occupying the greater part of the lower lobe of the left lung, which has passed already into the second stage, or that of *hepatization* in the part first attacked, while it is still actively extending as indicated by the vesicular murmur on the margin or circumference of the diseased part. But this is not all. The acute lancinating nature of the pain, located in the extreme lateral part of the chest, coupled with the most complete dulness in the lower or most dependent part of the side affected, and the entire absence of all respiratory sounds at the same point, render it very certain that the inflammation implicated early, the pleural covering of the diseased lobe of the lung, which has resulted in a moderate amount of pleuritic effusion.

Our diagnosis now becomes plain and definite. The patient is laboring under an acute *pleuro-pneumonia*, implicating chiefly the lower lobe of the left lung.

In regard to the Prognosis, you must consider, first, the length of time since the onset of the disease. The patient says he was attacked four days since with chilliness, followed by high fever, cough, pain in the chest, and all the symptoms before stated; and that they have continued unabated until the present time. You are aware that the length of time required for pneumonic inflammation to run through its successive stages, of congestion, infiltration or hepatization, and suppuration or resolution, is very various, according to the age and previous condition of the patient's health, and the activity of the disease. In childhood, the first stage is much more protracted, than in the middle and later periods of life. In the case before us, the four days it has continued, have given ample time for the parts first affected to have passed into the second stage of the disease. While the parts immediately surrounding those, or at least above, are still in the first stage, as indicated by little or no perceptible dulness and plain vesicular murmur or crepitation. Second—the stage of the disease. As a general rule the longer pneumonia or pleurisy has continued without adequate treatment, the less favorable will be the prognosis. Third: You must note the location and extent of the disease. Inflammation, fully formed, affecting the greater part of one lung, must always be regarded as dangerous. If both lungs are affected the danger is greatly increased.

Again, inflammation of the same extent and intensity, affecting the upper and middle lobes, is more serious than if located in the inferior lobes. In this respect the case before us is favorable. And if we add to this the previously good health, the vigorous sanguine temperament, and the present condition of the pulse, and muscular strength of our patient, we shall predict, that with judicious treatment he will recover.

But in what shall this judicious treatment consist? Before answering this question you should see clearly the indications to be fulfilled. Now what are the objects to be accomplished in the case before us? I answer, first, to arrest the determination of blood to the inflamed organ, and relieve the congestion in those parts still in the first stage of disease. Second, to prevent a return of this determination, and cause the matter infiltrated or effused in parts farther advanced in disease, to be absorbed or expectorated. And third, to keep up an active state of those secretions, which by their highly carbonaceous composition, may in some manner compensate for the diminished function of respiration. To this class belong the hepatic, intestinal, and cutaneous secretions. If these objects can be fully secured, complete resolution of the inflammation will soon follow. As there is nothing in the case before us to forbid it, I shall attempt to accomplish the first object by bleeding from the arm to an extent sufficient to lesson the pain, diminish the febrile heat of the skin, and remove the great sense of oppression and tightness across the chest, whether the quantity required be one pint or two. I bleed such a case not to take away a given *quantity* of blood, but to produce a given effect on the circulation. To keep up the sedative effect induced by the bleeding, and to favor the absorption of infiltrated and effused matters into the pulmonary tissue and pleural cavity, I shall follow the bleeding immediately by full nauseating doses of a solution of Tartrate of Antimony and Potash, repeated every two hours, with two grains of Calomel between the doses of the Antimony.

If the bowels become freely moved, as is generally the case, in the course of six or eight hours, I shall add to each alterative dose of the Calomel one grain of Opium to aid in quieting irritability and causing the Antimony to be better borne. The third indication will thus be fulfilled by the same means as the second. If, in opposition to the sedative influence of the Antimonial, the febeile symptoms again increase in activity, a few hours after the first bleeding, I shall direct the latter to be repeated under the same rules as at first. The further progress of the case and the influence of treatment we will note when we meet in the wards to-morrow morning at 9 o'clock.

Dec. 10th, 9 o'clock A. M. In carrying out the treatment directed for this patient yesterday, he was bled nearly 30 oz. before the pain, difficult breathing, and sense of oppression were relieved to the extent desired. The relief, however, from the abstraction of that quantity was very decided, although no sense of syncope ensued. The heat of the skin was diminished, the pulse more soft, and the patient capable of taking quite a full breath with but little pain. Having gained a decided impression and for the time being arrested the determination of blood to the inflamed lung, ten grains of Tart. Ant. et Pot. were dissolved in half a tumbler of cold water, of which a tea-spoonful was given every two hours and two grains of Calomel between each dose. The first spoonful of the Antimonial solution being given immediately after the abstraction of blood, caused pretty free vomiting, accompanied by perspiration and still further relief of the breathing. The subsequent doses were borne with very little nausea, and with the aid of the small doses of Calomel, operated freely as physic at the end of six or eight hours. Immediately after the free movement of the bowels, four grains of Calomel combined with one of Opium were given and the solution of Antimony alone continued up to the present time. If you now look at the patient, his face is less flushed; if you feel of the skin you will find it not much above the natural temperature; his pulse is still about 90 per minute, but soft; his breathing you perceive is much less hurried than yesterday, with pain only on coughing or taking a long breath.

If you look in the vessel here you see that the expectorated matter is still very red or bloody and abundant, but thicker than before, and the cough less frequent. Percussion shows but little alteration since yesterday, but the vesicular murmur or crepitation has entirely subsided leaving in its place only the mucus rhoncus caused by the bloody mucus in the air passages.

The patient is still thirsty and the tongue covered with a yellowish white fur. The bowels have been evacuated once this morning. Now I shall direct a continuance of the solution of Antimony every three hours, and a powder composed of Calomel 4 grs. Opii 1 gr. every six hours, with toast water for drink, and if the pain remains pretty severe in the side on coughing, a blister must be laid over the affected part this evening.

Dec. 11th, 9 o'clock A. M. Now gentlemen, you see the breathing of this patient is quite easy, his skin cool, his pulse not over 85 per minute and soft; he expectorates quite easy, the sputa being thicker and much less bloody; on taking a forced inspiration, the affected lung fills more readily and with little pain; the coat on the tongue is loosening along the edges and is moist; there is a slight mercurial fetor to the breath; and the bowels have been opened once or twice during the night. The blister mentioned yesterday was applied last evening and has drawn well.

I shall now give the patient nothing but a solution of Antimony with the addition of five or six drops of Laudanum to each dose, repeated every three or four hours. A little gruel and mucillages may be allowed during the day.

Dec. 12th, 9 o'clock A. M. You will see in examining this patient now, that all his symptoms are still further improved. His skin is cool; tongue moist and nearly clean; the expectoration is less copious, more thick, and nearly destitute of redness; his breathing while quiet, is easy, but still the left side of the chest expands less freely than the other, and you perceive as we apply percussion, that there is considerable dulness, though occupying a smaller space than at first. These circumstances show that the inflammation proper has nearly subsided, and what remains to be done is to cause a removal, by absorption, of its consequences. For this a continuance of external irritation by repeating the blister, the exhibition of the Compound Honey of Squills, Senega, and Antimony with Paregoric to allay the cough; keeping the bowels regular by the mildest laxatives; and as the patient begins now to manifest some appetite, restricting him to a very simple diet consisting of soft boiled rice, weak animal broths &c., will be all that is needed to complete the cure.

14th, 9 o'clock A. M. Here is our patient, lying in bed reading a newspaper. A glance at his general aspect is sufficient to show that he is rapidly improving. The respiratory murmur has returned over the greater part of the affected lobe of the lung; he coughs little and the sputa are thick, yellow, and entirely destitute of blood; but still there is some dullness at the lower margin of the chest, and a forcible inspiration gives a slight sense of soreness. We shall continue the same treatment mentioned on the 12th inst.

Dec. 16th. Patient sitting up with a good appetite, and appears entirely convalescent. No further medical treatment required.

There gentlemen, is a case which one week since presented all the phenomena of an acute Pleuro-Pneumonia, in the fourth day of its progress. Now the patient is well. [He was discharged well on the 19th, three days after.] Yet you will find some high authorities in Medicine, who will tell you that Pneumonia cannot be cut short by bleeding, and will array abundance of numerical statistics, gathered up promiscuously without reference to the class of patients or their previous tone of vitality, as evidence of their assertion. But gentlemen, such evidence is scarcely worth a serious examination. Pneumonia, as in the case before us, may be characterized by an active and vigorous state of the functions of innervation and circulation, when little else than a judicious application of bleeding and antimony is required to subdue it; or it may be accompanied by an enfeebled condition of these functions, manifested by an early appearance of dullness and dinginess of the face, a more rapid and easily compressed pulse, and by a less forcible or sustained impulse of the heart, in which the same amount of bleeding and Antimony would speedily induce a dangerous, if not fatal degree of prostration, or an equally dangerous degree of intestinal irritation. But we shall have abundant opportunities to illustrate these varieties in our wards before the present term expires.

I intended to embrace in this report two or three other cases, but I have already filled more space than is desirable, and yet have not done justice to the very minute and excellent practical instruction of the attending physician.

ARTICLE VII

Collodion in Chilblains. By Jno. Evans M. D., Prof. of Obstetrics, &c., in Rush Medical College.

Chilblains result from the excess of reaction, following exposure to cold, and in the early stage may be regarded as simply congestions of the parts. The hyperemia affecting the skin, brings the blood so closely in contact with the air, that oxygenization in an unnatural degree goes on, feeding the flame, and producing the intolerable itching and burning sensations characteristic of this affection, and the troublesome inflammation that generally follows.

To diminish the congestion and protect the surface from exposure to the atmosphere, seeming to be the prominent points to be attended to in the treatment in the early stage, I have resorted to the application of the etherial solution of gun cotton in a number of cases; which by its contractility and compression upon the part filled the first; and by its close adaptation to the surface, and the imperviousness to the air of the coating that it made, answered well the other indication.

I have been highly gratified by the results of this practice. The suffering of the patient being promptly relieved and the progress of the diseased action speedily arrested.

Feb. 3, 1851.

ARTICLE VIII.

Inoculation in Rubeola. By JOHN E. McGIRR, A. M., M. D., L. L. D., Professor of Chemistry, Physiology, &c., in the University of St. Mary's, Physician to the Catholic Male and Female Orphan Asylums, Chicago.

Inoculation in Rubeola is no new experiment. As to the advantage of the process, diversity of opinion exists. Drs. Home, in Edinburg, Dewees, and Chapman, at the Dispensary in Philadelphia in 1801, practiced inoculation without any satisfactory results, while the experiments of Prof. Speranza of Mantua, and others, were varied, decisive and successful. Having no opinion of my own to confirm, wishing only to arrive at the truth, if possible, I determined when the very favorable opportunity presented, by the breaking out of Rubeola in these Asylums, to test this point. The Asylums are situated, (the female in north, and the male in south Chicago.)

without the thickly settled portion of the city, having the advantage of healthy locations. The houses are large, well ventillated, and are under the charge of the Sisters of Mercy; thus the best nursing could be secured, and the best opportunity which might ever again occur to me of watching every stage of the progress of the disease. Early in December the first case of measles was brought into the female asylum. I proceeded to inoculate from this case, when the eruption was at its height. Blood was drawn from a vivid exanthematous patch on the diseased child's arm, and inserted into the arms of the three children first mentioned in the list below. On the fourth, sixth and seventh days, after the inoculation, the measles appeared, pursuing a regular and mild course. The result of these cases determined me to carry the experiment farther, and that the trial might be a fair one, I selected for comparison those whose physical conformation and constitutional idiosyncracy, seemed most nearly alike, giving the disadvantage of age to the inoculation. The following table contains the names, ages, and results of all the cases whether inoculated or not:

NOT INOCULATED.		INOCULATED.	
Died.	Age.	Recovered.	Age
Ellen Brown,	3 y'rs.	Ellen Kehoe,	11 y'rs.
Katy Russell,	2	Ellen Grant,	4
Philomena Kehoe,	3	Mary M'Carty,	8
Elizabeth Patton,	2	Rose Mack,	5
Ellen Crowly,	5	Mary Grant,	9
Recovered.		Eliza Hurley,	4
Mary Carroll	9	Ann Cahill,	8
Ann Brennan,	6	Ella Welsh,	5
Mary Patton,	7	Ann Mulhall,	9
Johanna Cahill,	5	Ann Hagan,	3
Emeline Hurley,	4	Mary Mulhall,	4
Mary Nugent	5	Ellen McCarty,	10
Mary Brain,	10	Anna O'Brien,	13
Elvira Gilmartin,	5	Cath. Power	9
Fanny Mooney,	12		
Mary Ann Tell,	10		

This table gives us 29 names, 24 recoveries and 5 deaths, all occuring among those not inoculated. The cases of all those inoculated, commencing from the fourth to the ninth day after inoculation, proceeded regularly, with the ordinary symptoms of simple measles, to convalescence, which was speedy and complete, with one exception viz, the first case. This child entered the asylum about a year ago, suffering with violent ophthalmia. She had been cured. On the disappearance of the measles, the ophthalmia returned, and though the sight was much endangered, yet there now only remains a little weakness which is disappearing. All these cases occurred consecutively from the first week of December to the second week of January.

Four children who were known to have had measles in the spring of 1850, were inoculated; nothing else was observed than the inflammation which would follow any ordinary lancet puncture.

Of those not inoculated with four exceptions, the antecedent symptoms were very severe. The fever was violent; distressing vomiting occurred in three cases. The catarrhal symptoms were violent; throat sore, hoarseness, rigors, cough almost continuous, dry, the whole chest sore, difficult respiration, delirium at night in some of the cases.

Four had the "congestive modification," the eruption appeared slowly and imperfectly; one of these died. Two others presented the Typhoid variety; one died of diarrhea, the other recovered, but afterwards four dangerous ulcerations appeared on the limbs, and gangrenous stomatitis, in the left lower jaw. All of the teeth of that part of the jaw, fell out, the left side of the tongue and the cheek were involved in the disease. This case ultimately recovered. Bronchitis supervened in six cases. Three had partial aphonia, one complete; this one died.

When these last mentioned cases attempted to swallow any liquid, it was thrown back through the mouth and nose with violent expulsiv effort.

In the male Asylum, there were **23** cases **and 6** deaths. None were inoculated, but 3 of the whole number had the disease mildly, and these were the three first attacked. The others had violent antecedent symptoms, and tedious convalescence. Five of those who died had the aphonia and difficult deglutition before spoken of, the other died of Phthisis.

In review of these facts much might be said. I have chosen, however, to give them as they occurred, without comments, leaving to the readers of the Journal, to estimate them at what they are worth; merely adding, *that if there is no advantage in inoculation, the result which the second column furnishes, would be a strange anomaly.*

ARTICLE IX.

A Family poisoned by eating a Gar. By Dr. W. Brooks, of Circleville, Illinois.

Amid the many and varied forms of diseased action the destructive ravages of which, the Physician is called upon to aid in counteracting, it is rare to meet with such a case as I am about to relate.

April 27, 1850, I was called at 1½ o'clock A. M., to attend upon a family residing in this village, said by the messenger to have been poisoned. I immediately hastened to their assistance, and on entering their apartments the scene that presented was one well calculated to elicit the sympathies of the most obdurate heart. There were no less than five persons suffering in all the agony that pain could inflict. I inquired into the cause and got the following history: A party had been on a fishing excursion the day before, and had been so unsuccessful as to return with nothing but what is vulgarly called a Gar, (a species of fish quite abundant in many of the western rivers, which has a long pointed horny mouth like the shark, and a hard scaly skin.) The family being anxious for fresh fish, the Gar was skinned, dressed and par-boiled, it together with *the eggs* were then fried and served up for the table. The whole family partook heartily of the rare delicacy and admired the dish. At 11 o'clock in the evening they felt a burning sensation in the pit of the stomach, which was soon succeeded by vomiting, purging, and cramping, in their most aggravated forms. The pulse was small and frequent. Tongue somewhat swollen, with a red serrated margin, and a dark yellow fur along its centre. The matter ejected from the stomach was very green, and very offensive. Stools not dissimilar in appearance from those of a case of dysentery. Cold sweats, alternating with flushed and suffused countenance.

Treatment. I ordered a sinapism applied to the epigastrium, and administered the following: ℞ camph. 3grs., Flos. sulph. 3 grs. opii ½ gr. The first second and third doses were rejected as soon as they came in contact with the irritated stomach, the fourth was retained longer. I found that they were effecting some good, and persisted in their use, giving another as soon as the previous one had been ejected from the stomach. Within an hour from the time I gave the first dose of the above mixture, all of the alarming symptoms had, excepting one case, disappeared. I left orders for the powders to be given every two hours until I should see them again.

At 10 o'clock the same day, all better but the one that seemed most obstinate to manage in the morning. This Patient vomits and purges still, occasionally, with some fever, fured tongue, and offensive breath, complains of pain in the stomach and bowels. Prescribed cal. camph., and sulph. morphia in small doses every two hours.

28th. Found patient this morning in a comatose state, but had rested easy all night. Pulse hardly perceptible at the wrist, free from all pain, the surface of the body, hands and feet, very dry. Tongue slightly furred and a foul breath.

Prescribed cal. camp. and morphia, in order to procure an action from bowels, as there had been no evacuation from 4 o'clock on the previous evening. This to be followed by enemata should it be deemed necessary.

29th. Patient this morning suffering only from general prostration, put her on Dover's powders and quinine, and dismissed her as cured. I had neglected to say that my other patients were similar in most respects in symptoms and treatment to the one already described. The foregoing, peculiar and novel as it is, nevertheless is a true "fish story."

ARTICLE X.

History of Cholera in the vicinity of Victoria, Knox Co, Ill. By J. W. Spading, M. D.

In compliance with my promise, I proceed to give a history of the cholera as it occurred in this vicinity in the summer and fall of 1849. It was observed and commonly remarked by the profession, that there was an uncommon tendency to irritation of the bowels, accompanied with diarrhœa during the spring and summer. In fact almost every case of disease had the above complication.

In a colony of Swedes fifteen miles from here, the disease broke out in August, and the mortality was uncommonly great. Out of a population of about 250, there was 115 fatal cases in the course of two or three weeks. They were treated by one of the steam and pepper gentry, and he had excellent luck in running his patients into the ground, for not one recovered, and he pronounced the malady incurable. The above colony had frequent communication with the river towns where the disease was prevalent. In addition to this, a company of Norwegians arrived, by the Lakes, and Illinois canal, when the disease spread over them as with the besom of destruction.

On Sept 12th, I was called to see a Swede woman, (who had just arrived by the above route, and was stopping with a Swedish family two miles from this place,) and found her with a train of symptoms that satisfied me it was Cholera. Her disease was controlled, and in two days she was convalescent. On Sunday morning, Sept. 16th, I was called to see a young Swede man at the same place, and found him in the stage of collapse. He was taken that morning, and when I arrived he was cold, with profuse cold perspiration, no pulsation at the wrists, his eyes sunken to the bottom of the sockets, the skin of the face drawn tight over the bones, the hands very much corrugated.; the vomiting had ceased, but he was passing rice water from the bowels. The treatment was external warmth with frictions, cal. opii. camp., with stimulants. He continued to sink and died in the evening. Another man living at the same place was attacked on Wednesday, Sept. 19th, at 4 A. M., and died at 10 A. M. On Friday, Sept. 21st, the wife of the last was attacked, and died the same day. Two other Swedes at the same place were attacked but recovered.

The disease subsided until about the 10th of October, when on the arrival of some Swedes from the east, it broke out again, and a number of cases proved fatal. Being absent I cannot give you particulars. Only one American, however, died. I am not much of a contagionist, but must confess the above cases favor the idea that it originated in that way.

There has been but one case of cholera at the Swedish colony this season. A man returned from St. Louis and died with it without propagating the disease.

Part 2—Reviews and Notices of New Works.

ARTICLE I.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION, FOR 1850.

The proceedings of the meeting at Cincinnati in May last, were reported in the Journal for July; and reviews of two of the reports, those on "Medical Science," and "Practical Medicine," were published in our last issue, and it now remains for us to notice the other portions of the volume, which contains 499 pages octavo.

The Report on Medical Education, by Dr. Roby, Chairman, when presented was very severely criticised, and the opinions advanced condemned by some members of the committee who had not been consulted by the chairman, although he had sent it up with a request that it be laid before them before it should be presented. It may therefore be regarded as embodying the sentiments of the chairman alone.

After a rehearsal of the main features of the discussion on Medical Education as heretofore carried on by the Association and the profession at large, the report briefly examines the subject, under the heads of *Preliminary Education*, *Public Instruction*, and *The tests of admission into the Profession.*

The generally admitted fact that students in this country enter upon their studies without sufficient preliminary training claims an enquiry into the causes, which is made, with the conclusion that they are dependent upon the Profession, the Schools, and the Students themselves.

It seems to us, that one great difficulty in the way of improving the character and qualifications of those entering the profession, which has generally been overlooked, is the luke-warm attachment of physicians to their calling; which leads them to speak slightingly and often disrespectfully of it. This will necessarily drive from its ranks, young men of high aims and qualifications.

If we would take pains to lay before the young men of liberal education, in our respective communities, the high claims which medicine, as a noble science and a useful art undoubtedly possesses, and the wide field it opens for investigation, with the opportunities and prospects it affords for high and honorable distinction, it would do more to call into our ranks such as are worthy, than all the tirades against ignorance in students, and denunciations against medical schools for admitting the unqualified, that have issued from all the reformers and all the conventions of our times. While we continue to dwell upon the dark side of the picture in our representations of the profession to the world, we will continue to drive from it those who alone can elevate it, and leave the field with all its richness to those of more humble aims, and more limited qualifications.

And in reference to the education of those who are designed by their parents and guardians for the study of Medicine, there is a most important error generally committed. However limited the means of the student, a thorough college course of academical instruction is commenced, in which one routine is too generally followed, whether to qualify for Medicine, Divinity, Law, Literature, or Commerce. And after two or three years of laborious study, devoted to the acquisition of the dead languages, (which are generally soon forgotten,) they are deemed highly qualified, and ready to take the first rank among students of Medicine. Now we submit that this time is mostly wasted, and that if spent in as systematic a course of training, in the study of the important facts and truths of natural science, with simply knowledge enough of the languages to enable him to understand the derivation and meaning of terms, it would give the student a preliminary education that would do more toward qualifying him for understanding the principles of our science, and store his mind with facts that would aid him in his investigations, and continually be called into useful requisition in his subsequent practice.

As to public or college instruction for students, which contains some of the objectionable features of the report, the document does not seem to favor the wholesale charges of "school" badly situated, scantily officered, and meagerly equipped, as heretofore made, and thinks if there are such, they should be pointed out. Allusion to the lengthening of the term of the college session in the "Model School," is also made, and a query instituted whether the amouut of instruction is increased or not.

An error in reference to colleges of Pharmacy, that called forth some criticism in the association, which made the statement that there were none in active operation, is corrected in the printed report, and an explanatory note appended.

The report only extends over eight pages of the volume.

Report of the Committee on Medical Literature by Dr. Stille, Chairman.

This is a well written document characterized by fairness, sound discretion, and an independent expression of opinion. Though from the extent of ground travelled over in a review of the Medical Literature of this country during a year, it could not be expected that all that might be worthy of consideration could be examined thoroughly, so as to be adjudged fairly; this report comes as near filling the design of the appointment of the Committee as could be expected, and is altogether the best one upon the subject that has yet been presented to the Association.

Thirteen pages are devoted to a notice of the Medical Journals, their merits and defects, with numerous suggestions on criticism.

Of the original books issued from the American Medical press during the year, the first volume of Dr. Drake's Treaties is very properly regarded as the most extensive and important. A well merited compliment is paid to the author's research, learning, and ability, as displayed in this great work.

The other original works noticed are, "The Physician and Patient," by Worthington Hooker M. D., of Conn. "Baths and the Watery Regimen," by John Bell M. D. "The Universal Formulary," by R. E. Griffith, M. D. "American Medical Formulary," by J. J. Reese M. D. "Minor Surgery," by Dr. Hastings, and "The Diseases of Infants," by Dr. Churchill.

After general considerations of the importance and nature of literature, the subject of copy rights, individual and international, is pretty fully discussed.

The report closes by the following resolutions.

Resolved, That the Association regards the cultivation of Medical Literature as essential to professional improvement, and as adapted to form one of the broadest lines of distinction between physicians and all pretenders to the name.

Resolved, That, in the opinion of this Association, it is equally the duty and the interest of the profession to sustain its periodical literature both by literary contributions and subscription.

Resolved, That, since literary excellence is best developed by literary studies, the formation of Medical Reading Clubs, after the plan set forth in this report, is urged especially upon physicians in places where the periodical and other medical publications of the day are not readily accessible upon other terms.

Resolved, That the Standing Committee on Medical Literature be instructed to report to the Association at its next meeting what American medical work, published during the year of their service, in their judgment is the most valuable, and that, with the consent of the Association, such work shall be formally proclaimed by the President.

Resolved, That State and local societies are hereby recommended to offer pecuniary rewards or other distinction for the best memoirs founded upon original observation.

Resolved, That Medical Colleges are hereby recommended to distinguish the best inaugural thesis of every year by a public announcement of its subject, and the name of its author, and by such other names as they may deem appropriate.

Resolved, That the sum of ONE HUNDRED DOLLARS, raised by voluntary contribution be offered in the name of this Association for the best *experimental* essay on a subject connected either with physiology or medical chemistry, and that a committee of seven be appointed to carry out the objects of this resolution; said committee to receive the competing memoirs until the first day of March, 1851; the authors' name to be concealed from the committee, and the name of the successful competitor alone to be announced after the publication of the decision.

Appended is a table of original articles of interest published in American Journals during the year.

The report of the Special Committee appointed to consider the means of improving our Medical Literature suggested in the report on Medical Literature for 1849, of which Dr. W. E. Homer was Chairman, closes with the following,

"*Resolved*, That in the opinion of this Association the only legitimate means within our reach for the encouragement and maintenance of a National Medical Literature, are to increase the standard of preliminary and professional education required of those who would enter the medical profession; to promote the circulation among the members of the profession of the medical journals of the day; to encourage the establishment of district medical libraries, and to induce every practitioner to cultivate, with care, the fields of observation and research that are within his reach."

Next follows the Memorial of the Association to Congress on the subject of an international copy right law as reported by the special Committee appointed for the purpose, composed of Drs. George B. Wood and Isaac Hays of Philadelphia. It is well drawn up and presents to Congress one of the most important measures that have claimed the attention of the Association. As showing the position of American Authors at present, and the necessity of a change of this condition, we quote the following paragraph:

"As the law at present stands, British literary works may be published in this country without any compensation to their authors. It is obvious that American works, supposing them to be of the same grade of merit, in order to compete with those from abroad, must be published on the same terms. The American author, therefore, can expect no compensation for his labors, unless these are better in themselves, or better fitted to our peculiar wants than the British. Thus, not only is our native literature without encouragement; it is really discouraged; and in the present state of the law, American authorship can never flourish, as it ought to do. We afford to the world the example of a nation repressing the struggles of its own aspiring literature; of a nation doing what best it may to nip in the bud those energies, which, if allowed to expand into full bloom, would do more than can be done by any other means to set off, in the eyes of the world and of posterity, its substantial greatness."

The Reports of the Committee on Publication and of the Treasurer follow.

Report of the Committee on Public Hygiene, Dr. JOSEPH M. SMITH, Chairman.

This is mostly devoted to a consideration of the causes of Typhus Fever.

The conclusions of the Committee appear to be that this disease originates in the poisonous effects of the excretions of the body, mostly from the skin and lungs; when concentrated, from persons in health, but more particularly from those affected with the disease.

Appended to the main report are two lengthy and well drawn up papers; one by Dr Edward Jarvis on the Sanitary Condition of Massachusetts, and the other by Dr. J. C. Symonds on the Hygienic Characteristics of New Orleans.

The paper by Dr. Jarvis, especially, is full of interest, and but for the want of space should receive an extended notice. From it we learn more fully the great importance of laws for the registration of births, marriages and deaths, in acquiring correct information of the sanitary condition of different localities.

As illustrative of this we quote two passages which give some idea of the kind of information that might be gained were such laws in force generally in this country. By [illegible]correct knowledge of the mortality from the various diseases in each district of country, much might be done to ascertain the causes and to avoid or remove them.

From an examination of the deaths in the cities and country in New York and Massachusetts Dr. Jarvis concludes that

"The diseases connected with respiration are much more prevalent in the country than in the cities of both States; being in Massachusetts an excess of thirty-two per cent., and in New York twenty-eight per cent, of the pulmonary diseases that are not of the endemic or epidemic class. *The difference in favor of the cities in respect to Consumption is still greater.* The deaths from this disease were thirty-eight per cent. more in the rural districts of both States than in Boston and New York."

This result is contrary to the general opinion.

But when better facilities are offered for investigation the conclusions are more important and correct. This is illustrated by the following:

"The sanitary inquiries made in England and France have discovered very great inequalities of life and health among people of different classes, and in different conditions. Thus, according to several tables in the 'Report on the Sanitary Condition of the Laboring Classes of England and Wales,' prepared by Edwin Chadwick, Esq., of London, in the families of the

Prosperous classes	1088	died at an average	age of	42.6	years.
Middling classes	4791	"	"	29	"
Poor classes	19,849	"	"	20.4	"

In the families of the more comfortably situated, only 20 per cent. died under the age of five years; while among the poor, fifty per cent. of those who died had not passed that age.

Among the prosperous, 46 in every 100, and among the poor only 8 in 100, lived to their 61st year.

I have had an opportunity to make some limited inquiries in this State relative to the life and mortality of the various classes of people; and these have led me here to the same results as Mr. Chadwick reached in England: that, wherever there is a diversity of outward circumstances, there is a diversity of vital force, a difference of health and of longevity; that external poverty is but a sign of inward poverty, of a weak body and feeble mental and moral power; and that, generally, what the world calls poverty, the want of estate, or destitution, is not a thing of accident, or of external circumstance, but it grows out of the man, and is a necessary consequence of the quantity of vital force that belongs to him—to his body and to his mind."

The Report on Adulterrted Drugs &c by Dr. HUSTON which follows is a very valuable document; showing that although we have stringent laws now in force regulating the foreign importation of Drugs &c., there is yet something necessary to prevent the knavery of their adulteration and sophistication in this country.

As of especial interest to our readers in the West, we quote the conclusions of the Committee and heartily recommend the suggestions to their consideration.

"Extensive inquiries among physicians, manufacturing chemists, and druggists have led to the following conclusions:—

1st. That the wholesale druggists in the large cities, equally in the South and West as in the Eastern States, who are not specially engaged in selllng nostrums, either as proprietors or agents, conduct their business on fair and honorable principles. As a general rule, they buy their choice chemicals from those who manufacture them, and either import other articles, or get them directly from those who do, and are always disposed to supply good articles to customers who are willing to pay a remunerating price. At the same time, many of this class keep inferior articles, which they dispose of for a corresponding price to physicians and storekeepers who insist on buying at reduced rates.

2d. That the inferior and adulterated drugs are chiefly disposed of in the southern and western portions of the United States—to the physicians and people residing in the small towns and villages, and sparsely populated districts. That in the large cities, particularly in the Atlantic States, bad drugs are, as a very general rule, dispensed only by inferior apothecaries.

There is ground to hope that we shall hereafter be protected from the introduction of spurious drugs from abroad; and, if effectual means can be devised to prevent their sophistication and sale at home, a great boon will be conferred on the community. It is not probable that this can be fully accomplished; but the evil may certainly be very much limited. How shall this be done? Various plans have been suggested, of which the following may be considered as the most important:—

1st. To apply to the State Legislatures to pass laws authorizing the appointment of inspectors, and making it a penal offence to deal in adulterated drugs and medicines.

It is difficult to understand why fraud in the manufacture and sale of medicines, which have so important an influence on the health and lives of the people, should not be punished with the same severity as debasing and counterfeiting money, which merely affects their pecuniary interests. The past history of State legislation, in relation to the practice of medicine, affords little hope, however, that any salutary laws on this subject can be procured in many or all of the States of the Union; and without a general concurrance of action, no good will be accomplished. It is to the members of our own profession, therefore, in conjunction with the respectable druggists and apothecaries, that we must look for whatever reformation is to be accomplished.

2dly. It has been suggested that physicians should feel it to be their duty to inspect the medicines in the drug stores from which they are in the habit of obtaining supplies for themselves or their patients. This would exercise a wholesome influence, if submitted to by the apothecary, and frequently performed by the physician, neither of which, however, is very probable. A more effectual plan, because of its being more likely to be carried out, would be for the various State Medical Societies annually to appoint a board of examiners, who should procure samples of different articles from the drug stores within their limits, analyze and otherwise examine them, and publish the results. If this were impartially and skilfully done, it would excite the ambition of the meritorious and control the less scrupulous.

Properly to carry out this plan, as well as for their own security in making purchases, physicians should become better acquainted with the physical character of drugs, and be able, with the assistance of a good treatise on Chemistry, to analyze the various chemical articles recognized in the Pharmacopœia. The requisite apparatus for this purpose, which need not be costly, should be in every physician's office, and good specimens of the various articles of the materia medica, with samples of the inferior or adulterated. This is especially desirable in offices into which students of medicine are received.

3dly. The co-operation of the druggists and apothicaries in discountenancing and putting down the traffic in inferior and adulterated medicines should be solicited. For this purpose, they should be encouraged to institute pharmaceutical associations in every considerable town throughout the country, which, more than anything else, would tend to elevate the professional and moral standing of their craft. Men who are in the habit of meeting together for laudable purposes are far less liable to plunge into bad practices than the isolated being whose better feelings are not warmed by association. The establishment of such societies has always been salutary. In Philadelphia, the institution of the College of Pharmacy, with its cabinets, its lectures, and excellent quarterly Journal, which is published regularly, has raised the character of the apothecaries to an enviable hight; and in the city of New York, where a like organization has been more recently formed, similar effects are observable.

4thly. In making their purchases of medicines, physicians should be willing to pay fair prices, and be careful to procure them only from the most respectable druggists. Men of this character, selling in large quantities, never demand exhorbitant profits, and it is not to be expected that they will sell good articles at a loss."

The report on *Indigenous Medical Botany*, Dr. IVES Chairman, is made up of two papers. One by Dr. Ives on the virtues of Isnardia palustris, Senecio aurens, Neòttia pubescens, Cypripedium, Cornus circinata, Cornus florida, and the Epigra repens.

The other by Dr. Frost is made up of "Extracts from Dr. Barratt's notes on the Indigenous Plants of Abbeville district, S. C. The report altogether is brief but contains some useful facts and suggestions.

The Report on Surgery by Dr. MUSSEY, Chairman, is a very full account of the important suggestions, facts and operations that have transpired in this country during the year.

It is a model of what we conceive such a document should be, giving all that could be collected, that was deemed worthy by the author.

It extends through sixty pages of the report and is too multifarious in its topics to admit of analysis in our pages. Appended to it are three papers on Anæsthesia, one by Dr. J. C. Warren, one by Dr. S. D. Gross, and one by Dr. W. L. Atlee, and a paper on operations for the cure of Cancer by Dr. J. C. Warren.

In an appendix to the volume are, a paper read before the Association by Dr. N. S. Davis which was given to our readers in the last number of the Journal. A paper read before the Association by Dr. J. Evans on "The Obstetrical Extractor." "A Brief Notice of some of the Physicians of the U. S. who have died within a few years; by Dr. Stephen W. Williams," and a "Catalogue of the Officers and Permanent Members of the American Medical Association." E.

ARTICLE II.

Southern Medical Reports, Edited by E. D. Fenner, M. D., of New Orleans, Volume 1st, 1849.

(CONCLUDED.)

Our notice of this volume in the last number of this Journal was confined exclusively to those papers which related to the Topography and Meteorology in connection with the diseases of particular localities. Two papers of the same character remain, which were not particularly noticed in the previous number. The first purports to be a "General Report on the Topography, Meteorology and Diseases of Jackson, the Capitol of Mississippi, by S. C. Farrar, M. D.," and the second, "Report on the Topograpy of San Antonio, and the Epidemic Cholera that prevailed there in the spring of 1849, by J. J. B. Wright, Surgeon U. S. Army."

The Topographical part of Dr. Farrar's paper, is comprised in little more than one page and a half, furnished to him by his friend Rev. A. Morris. Following this is a Meteorological table obtained from Mr. and Mrs. Oakley, Principals of the Oakland Institute, and nearly two pages of "*observations*" on the weather of each month. The following are specimens of these observations, viz:

"February.—A few of the earlier days of this month were so genial, that butterflies came out, and mocking birds began to sing. Then on the 19th the thermometer fell to 19 deg. This killed peas and many other early vegetables."

"June.—Gave a continuation of the showery cloudy weather of May. The whole quantity of rain was not exceedingly great, but falling on fourteen different days it produced much inconvenience to the planter."

There is no mention made of the diseases which prevailed during each month, as influenced by the meteorological changes, or the special Topography of each locality; but all the references, whether to soil, water, or air, are so general as to admit of no practical application. Indeed, for all practical purposes, the whole of this part of Dr. Farrar's paper, might as well have been omitted. In this respect Dr. Wright's paper is still more defective. The following is the sum total of his account of the Topography of San Antonio.

"The city of San Antonio is situated in the midst of a valley, of unequal dimensions, through which, in a general direction runs the serpentine river of that name, having its origin in several beautiful springs four or five miles northeast of the city. The Rio San Pedro also takes its rise in a spring two miles north of the town, and running in a direction nearly parallel with the San Antonio, it skirts the city on its western border, and forms a junction with the latter two miles below the city. A large portion of the town is in proximity to San Antonio, in some parts of its course as it runs west and south, and west again, and in its meanderings leaves the precincts of the city, pursuing a course east of south. The San Antonio is a rapid stream, having a celerity of three or four miles an hour, varying in depth from three to six or seven feet, and averaging fifty feet in width.

The San Pedro is less by one half than the San Antonio, but resembles it in the qualities of its water, and in general character. The river water is pretty strongly impregnated with lime, but is agreeable to the taste, and is almost exclusively used for culinary purposes and all other purposes. Stories were told and got admission into the newspapers, representing the water as having acquired a fœtid smell, and changed appearance during the prevalence of the epidemic. This statement seems founded in error, at least the alleged fact is not in accordance with my observation, and a constant and exclusive use of the water authorizes me to speak positively on the subject. The superstratum included between the rivers, and comprising the limits of the city, consists of a dark rich mould, vegetable debris, with large admixture of disentangled limestone, rendering the mud after rains almost as viscid as bird-lime.

It is remarkably fertile when well watered, but without irrigation in seasons of drought, the surface acquires a stiffened exsiccated condition, which unfits it for cultivation, Almost the only rock in the vicinity of San Antonio, consists of rotten and fossiliferous lime-stone, much of which has become disintegrated on and near the surface, rendering the soil in some places almost incapable of sustaining vegetable life."

We have thus quoted the whole of Dr. Wright's remarks on Topography, first, because it serves as an example illustrating the *general* and *indefinite*, and consequently valueless, characacter of too many such reports; and second, because without the report itself before them, our readers might deem our subsequent remarks unjust or hypercritical. When we find a paper headed, "Report on the Topography and Diseases" of any given locality we very naturally look for such an exposition of the former, as will show its influence, direct and indirect, on the prevalence, specific character, and results of the latter. To this end, we must be informed, first, of the surface of the district included; its altitude both absolute and relative to surrounding districts; the water resting on it, whether moving or stagnant; the depressions and elevations, and their character for dryness or moisture; second, the composition of the soil, sub-soil, and underlaying strata of rocks; the relative position of such strata in reference to their permeability to water, thereby showing whether the surface water readily drains off, or is retained by horizontal strata of rocks or tenacious clay, until re-evaporated into the atmosphere, carrying along with it, perhaps, more or less deleterious matter from the soil; third, the qualities of the water, both that naturally found in the soil, and that used by the inhabitants; and also whether such qualities vary with the varying temperature of the seasons; fourth, the number, character, and habits of the inhabitants; their positions relative to standing waters, low grounds, prevailing winds, &c.; and if a city is included, we must be informed in regard to the houses and streets, in reference to cleanliness, ventilation, drainage, and light; and fifth, the comparative prevalence and severity of particular diseases, in special localities or streets; among particular classes of the people; and at particular seasons, having reference to cold, heat, dryness, winds, character of food, water, &c. With such information before us, we can judge of the influence of local causes on the prevalence and character of diseases—a subject of the greatest importance and most intense interest; a subject indeed, which must be carefully and most patiently studied, not in loose generalities, but with the greatest minuteness, before etiology can be stripped of its present vagueness and made to approximate a satisfactory degree of clearness and certainty. The reader will see, however, that Dr. Wright has entered upon no such exposition of the Topography of San Antonio. He has not even told us the *number* of its inhabitants, much less their habits and modes of life; nor in the subsequent part of his paper, has he made even a remote allusion to the influence of any local conditions or circumstances, on the developement and character of the diseases of which he speaks. Very nearly the same remarks are applicable to the paper of Dr. Farrar, and indeed to all the others in this volume, except those of Drs. Pendleton and Fenner. We will not characterize all such reports as entirely useless in their relation to Medical Topography, but we must style them very unsatisfactory, and unworthy the name they bear. But we shall look to Dr. Fenner's project, in publishing an annual volume of original papers, with no little expectation of seeing it produce a marked improvement in this respect.

The papers to which we have now alluded, as containing more or less of Topography and Meteorology, make up about one third of the entire volume. Of the remaining papers five are devoted to the consideration of Epidemic Cholera, written by Drs. C. H. Stone of Natches, C. S. Magoun of Natches, Lewis Shanks of Memphis, N. S. Jarvis of Texas, and the Editor, Dr. Fenner of New Orleans. These papers make up seventy-eight pages, and though interesting and valuable, as embodying the opinions and experience of individuals, yet we find nothing in them in relation to the causes, pathology, or treatment of that dreaded pestilence which has not already found its way into the Medical Journals, and been extensively distributed through the profession.

Indeed, the papers before us present the usual diversity of views in regard to all these points. Yet their differences are more apparent than real, relating more to the detail of means for the accomplishment of certain objects, than to the objects themselves. It is true that some like Dr. Wright, of the U. S. Army, distrust the utility of all medicine, and declare, as they allege, "in a spirit of honesty and candor, that I, (they,) very much doubt, in the language of Prof. Watson, 'if the aggregate mortality from Cholera, (fully developed) was in any way disturbed by our craft.'"

The following remarks of Dr. Fenner on this point, are so just, and so well calculated to inculcate right feelings, and encourage right action, that we quote them at the risk of being tedious. He says:

"We are not among those who admit they *know nothing about cholera or its remedies.* On the contrary, we contend that the profession knows a great deal about both. We do not know what the *remote cause* of cholera is; neither do we know what are the *remote causes* of fever, dysentery, measles, &c.; but we are well acquainted with the *effects* of all these causes. We know how cholera attacks people, how the disease progresses in its destructive march, how it terminates in convalescence or death; and also what remedies will cure the great majority of cases, if applied judiciously and at the proper time. Is all this knowledge worth nothing? If so, we had as well confess our ignorance of all diseases, and, with folded arms, resign ourselves and the community to *inexorable fate!* But it is not so. Our Omnipotent and Merciful Creator has not left us in this helpless and powerless state. * * * There can be but little doubt that at least *eight tenths of the victims of cholera in New Orleans have died unnecessarily*; i. e., they have been lost on account of their neglect of the plainest dictates of prudence and common sense. Ought this to be charged to the discredit of the medical faculty? Or ought we to confess that so many people have died of cholera because we did not know how to treat the disease? Certainly not. We do know how to treat it, and as the best evidence of the fact, we have seldom failed to cure our patients, if called in before they are *beyond the curable stage.*"

These sentiments fully accord with my own experience during two successive years of practice in the treatment of epidemic cholera. Thus, during the past summer and autumn

96 well marked cases of cholera occurred in my private practice, a majority of whom were among our Norwegian and Swedish populations. Of these 96, *twenty-four* died. Of these 24, *eleven* were in complete collapse, I might say, in *articulo mortis*, before medical aid was either sought for or obtained. *Five* others died from consecutive affections, occasioned by neglect or marked imprudence; leaving only *eight* deaths under fair and reasonable opportunity for treatment. And such will always be the result when judicious and rational means are faithfully applied at any stage of the disease, prior to that loss of capillary action and organic nervous sensibility, which render the system incapable of receiving the impressions of medicinal agents. But in all populous communities, there are thousands who never think of sending for medical aid until they have exhausted a list of *nostrums*, or spent the whole curable period of the disease in *toping whiskey* or *brandy*, and then because the physician can do little else than arrive in time to see them die, it is gravely concluded that he knows little or nothing about the disease. A conclusion as absurd as it is discouraging to all rational inquiry. Time and space however, admonish us to hasten on. The remaining papers of most interest to the profession, are: "Special Report on the Fevers of New Orleans, particularly the Yellow Fever of 1849, by the Editor." "Reports on the origin and sanitary condition of the Orphan Asylums of New Orleans and La Fayette." And, "Observations on the Fever which is developed in the City of Charleston, after exposure to the country air, during the summer and autumn, and hence called country fever, by Thos. Y. Simmons, M. D." This last paper is one of much interest. It was first published in the Charleston Medical Journal and Review for Sept. 1849, and has consequently been sometime before the profession. The other two appear for the first time in the volume before us, and are not only interesting and important, but must be read throughout to be properly appreciated. The Orphan Asy-

lums alluded to in the second paper, are the Poydras Female Orphan Asylum; the New Orleans Female Orphan Asylum; and the Male Orphan Asylum of La Fayette. The first contained at the time of the report about 150 children, and though a protestant institution, its benefits are extended alike to all classes; the second is under the care of the Sisters of Charity, and numbers about 200 inmates. While the cholera was raging violently in the city and the immediate vicinity of the Asylum, the attending physician directed special attention to the diet of the children, and caused each to take a small quantity of a solution of common table salt every morning. No case of cholera originated in the institution during the year.

The Male Orphan Asylum was founded in 1824, and contained at the close of the year 1849, eighty-six boys. Thus making a total in the three asylums of 436. These institutions seem to be admirably managed, and are truly an honor to their generous founders and patrons. To the practical reader, perhaps no part of the whole volume is more interesting than Dr. Fenner's paper on the Fevers of New Orleans. Contrary to the generally received opinions of the profession, Dr. Fenner denies the *sui genius* character of Yellow Fever, and regards it simply as a variety of the ordinary Intermittent and Remittent forms of Fever. Thus he says: "Cases are seen every sickly year, commencing as intermittent or mild remittent, and wanting those strongly marked diagnostic symptoms which have been said to distinguish yellow fever, yet which, if neglected or mal-treated, terminate in *hemorrhage* and *black vomit.* In these cases, the advocates of the *specific* character of Yellow Fever, contend that the patients contract a *new* and *different* disease; but we think improperly. *We believe it is all the same disease, differing only in grade and stage.*" Again he says: "Seeing then that all the forms of idiopathic fever met with in this locality, *prevail together*, and are frequently seen *to interchange or run into each other*, we are irresistably led to the conclusion that they are merely *modifications of disease* *springing from one and essentially the same general remote cause.* * * * * Our position is, that yellow fever is only one of the forms of endemic fever, (malarious if you will,) which derives its characteristic features from the locality and attendant circumstances where it prevails. The fevers of the country cause death by inflammation of the brain, or the gastro-intestinal canal, or by that strange lesion of the nervous system which is called congestion. The fevers of the city produce such an alteration of the blood and the solids as leads to fatal hemorrhage and jaundice." These views of Dr. Fenner accord very nearly with those promulgated by Dr. Rush, and are entertained by a few of the ablest members of the profession both in Europe and America; and we have little doubt of their correctness. Indeed, we are more than half convinced that the same comprehensive view of all the parts in relation to ordinary cholera morbus and epidemic cholera, will lead to the conclusion that they bear the same relation to each other, as is here set forth in regard to intermitting, remitting and yellow fevers. We think there is far too great a tendency in the profession to look after distinct unrecognized and unrecognizable or supposititious remote causes, instead of investigating with patience and accuracy the *local* influencies and agencies which modify, and often control the most malignant forms of disease. In regard to the *treatment* of yellow fever, Dr. Fenner is a strong advocate of what he terms the "*abortive method of quinine.*" He says: "When called to a case within twenty-four or thirty-six hours of the attack, we seldom failed to cut short the fever by *large doses* of the sulphate of quinine in combination with opium or morphia, frequently followed by a little blue mass or calomel. Our usual mode of proceeding in this stage is, to order at first, a hot, mustard foot bath, and a purgative enema—then give to an adult 20 or 30 grains of quinine, with 25 or 30 drops of laudanum, or one or two grains of opium, or the fourth of a grain of sulphate of morphia, *at one dose.* This would generally reduce the vascular and nervous excitement completely in a few hours, throw the patient into a profuse perspiration, relieve all pain and produce sleep. The bowels were kept open by some gentle means, and more or less quinine was repeated as occasion required. We recollect of but one fever patient that required cupping, and we did not have a single one bled from the arm." It will be remarked that this treatment has reference to the early stage of the disease. "In the advanced stages," says Dr. Fenner, "it is altogether a different affair—*organic lesions have then taken place and the blood is altered.*"

There is one other paper in this volume of high scientific merit and local interest. It is entitled "A chapter on the Hydrograpy of the Missssissippi River, by Caleb G. Forshay, A. M., Civil Engineer." It does not, however, come within our province to analyze it. We have now glanced over the contents of this first volume of the Southern Medical Reports, and though we have found some fault with the character of some of the papers contained therein, and might justly have found more with the style of others, yet we deem it a most valuable volume, and we commend the enterprise of its able Editor to the patronage of the whole profession. N. S. D.

Chicago, Feb. 25th 1851.

ARTICLE III.

Anniversary Discourse before the New York Academy of Medicine. By JOSEPH M. SMITH, M. D., 56 pp. octavo, 1851.

Introductory Address delivered before the Students and Trustees of the New York Medical College. By HORACE GREEN, A. M., M. D., President of the Faculty, and Prof. of Theory and Practice of Medicine. (From the author.)

Introductory Address to the Class of the Pennsylvania College, session, 1850-51. By WASHINGTON L. ATLEE, M. D., Prof. of Medical Chemistry. (From the author.)

The discourse of Dr. Smith is devoted to the consideration of the peculiar mental phenomena of the soldier, and is rich in historical reminisences illustrating the subject. Striking incidents in the lives of celebrated warriors, that class of men who have in all ages claimed the largest share of public consideration, could scarcely fail to interest; and as these are judiciously introduced to show the different mental conditions of the soldier under varied circumstances, the author has made a very interesting discourse.

The lecture of Dr. Green was given at the opening of a new Medical College in the City of New York, and will be generally regarded with interest, as laying down the course the new school has proposed to pursue. With the finest building of any Medical School in the great State of New York, and a faculty embodying much talent and energy, and the regular and systematic course proposed by Dr. Green, the N. Y. Medical College can scarcely fail of a successful career.

The lecture of Dr. Atlee is well conceived, being advice to those entering upon a course of instruction in the institution; giving them rules for their guidance in the acquisition of the knowledge they seek, and sound admonition in reference to the dangers of yielding to the temptations to immorality; and commending the beauty of principles of virtue and piety combined with learning and skill in the profession. E.

ARTICLE IV.

The curability of Consumption, considered in reference to a new method of ascertaining the healthy or diseased condition of the Lungs, &c. By M. MATTSON, M. D., Fellow of the Massachusetts Medical Society &c., Boston. (From the author.)

This is a pamphlet of 16 pages, reprinted from the Boston Medical and Surgical Journal. It treats of the nature and uses of the *Spirometer* as a means of detecting diseases of the lungs; giving the laws of its use proposed by Dr. Hutchinson of London, who is the discoverer of some of the relations of the capacity of the lungs to disease, and the inventor of this instrument for measuring that capacity, by measuring the air expired. It also treats briely of the principles of cure of consumption, referring to the ætiology and pathology of the disease. It is a very interesting paper. We shall refer to the subject again on another page, by quoting Prof. Jackson's clinique.

ARTICLE V.

Ranking's Half-yearly Abstract of Medical Science, for December, 1850.

This excellent compend of Medical Science, comes to us regularly, and is always welcome to our table. It is one of the most valuable medical publications of the times; giving a synopsis of the departments of the profession, well collated and concisely reported for each succeeding six months.

It furnishes about six hundred pages of closely printed matter annually, and is furnished by the republishers, (Lindsay & Blackiston of Philadelphia,) for the low price of one lollar and fifty cents.

Part 3.—Selections.

ARTICLE I.

THE SPIROMETER.

The following clinical remarks of Prof. Jackson, of the University of Pennsylvania are interesting, as elucidating a new and as we believe most important means of Diagnosis in diseases of the lungs. E,

Medical Science finds, in almost every department of knowledge, some portion of its facts or laws applicable to itself, and lays them under contribution for its own advancement, or the augmentation of its resources.

The introduction of physics into the practice of medicine, applied to the diseases of the thoracic organs, belongs to the present time, and is the most valuable improvement that has yet been made in the diagnosis of disease.

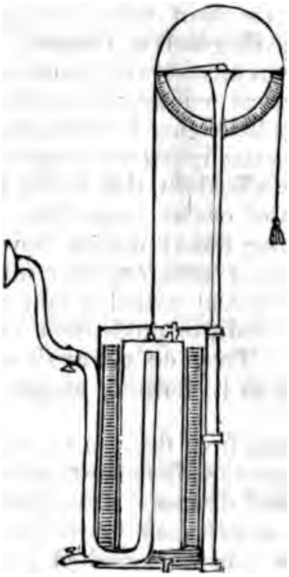
Percussion and auscultation are means of ascertaining and interpreting the physical causes of sounds which can be determined by them as belonging to the thorax and its contents.

Skill in these processes imparts a degree of certainty to the diagnosis of thoracic affections, that nearly reaches perfection; it almost equals that of ocular inspection. There is, however, this defect attending them; disease must have made some progress, and change of structure have taken place to a certain extent, before physical pathological signs, that is, alteration in the normal sounds, or production of abnormal sounds would be produced. They do not avail us in indicating the approach of disease, or its forming stages, except to a very limited extent.

Another contribution from the domain of physics has been made, by Dr. Hutchinson, to the investigation of the respiratory functions in health and disease. It consists in an instrument he has invented. by which may be measured the amount of air that can be taken into and expelled from the lungs by voluntary effort; or what he calls "the vital capacity" of the lungs. By this instrument Mr. Hutchinson believes that incipient disease may be detected before physical signs exist. This instrument he names spirometer.

On the table is an instrument of the kind. It is simple and less expensive than that of Mr. Hutchinson. It was planned by a gentleman of this city, Mr. Charles McEuen, who has been confined to his room for some months by a pulmonary affection; possessing an active mind, with a turn for philosophical pursuits, he occupies his time in scientific observations and investigations. I gave him Mr. Hutchinson's paper, published in the Medico Chirurgical Transactions, containing a diagram of his instrument. Mr. McEuen constructed the instrument now before you on the same principles. I think it preferable to the original.

The instrument will be seen to consist of a cylinder co taining water, in which is immersed another cylinder inverted into which the expired air finds its way. This cylinder is counterpoised by a weight attached to a cord passing over a wheel of large diameter, and which rotates with the ascent of the cylinder, caused by the entrance of the expired air, and on which a scale indicates the amount that has been introduced.



The person using this instrument must loosen any part of s dress that may restrain the movements of the chest or abdomen. He then deliberately expands his chest to its greatest extent, and expires through the mouth piece and air-tube into the cylinder. As this rises the wheel turns round, and an index marks on the scale, in inches, the amount expired.

To understand the use of this instrument, it is requisite you should possess some preliminary information on the respiratory actions, and to what extent they influence the air in the lungs.

Inspiration and expiration are performed by muscular power, and are both voluntary and involuntary actions. The extent to which they may be carried varies in different individuals, and in the same individual at different times. They have a limit which cannot be surpassed; the lungs can never be emptied, by the most strenuous efforts of expiration.

The air in the lungs is, therefore, divisible into two portions. The first, which is a fixed quantity, is that over which the will has no control, but remains after the strongest expiration, and is contained in healthy lungs after death. Its amount must correspond with the size of the thorax. Mr. Hutchinson calls this the residual air.

The second portion is that which is controlled by the will and muscular action. This portion Mr. Hutchinson divides into three sub-portions. 1st. Reserve air, or that portion which, after an ordinary expiration, may still be thrown out by a voluntary effort. 2d. Breathing air, or the portion inhaled and exhaled in ordinary breathing, when at rest; and 3d. Complemental air, or that portion that can be inhaled, by the strongest effort, beyond the amount of ordinary inspiration.

The three last are included in, and designated by the term "Vital Capacity." It is, in fact, the highest effort of the muscles producing respiration. The spirometer measures the "vital capacity" of an individual, and, it appears to me, is the measure of the muscular respiratory power.

Mr. Hutchinson was struck with the fact, that the vital capacity had no relation to the size of the thorax. On the contrary, he found, by experiment, that persons of the largest thorax possessed a less vital capacity than others with chests much smaller.

In the course of his observations he remarked that there appeared to prevail a very close relation between the height of individuals and their vital capacity. This circumstance was the more strange and unaccountable, as height depends most commonly on the length of the lower extremities, and not on that of the chest or trunk alone.

From observation made on a large number of individuals, taken indiscriminately from various classes of society, amounting to 2150, he arrived at the conclusion, that the vital capacity is a constant quantity, and holds a close relation with the height.

From the result of direct examination, in near 2,000 cases, Mr. Hutchinson felt authorized to announce the following rule, " For every inch of height (from 5 feet to 6 feet) eight additional cubic inches of air, at 50° are given out by a forced expiration."

He further states, "here is a guide for the operator, and a rule given that will enable us to compare men of different statures and conditions of health, one with another."

If this result should be found accurate, the spirometer would be unquestionably a most valuable addition, to aid the physician in deciding the state of health in many cases, that are, by our common mode of examination, enveloped in great uncertainty.

The following table shows the relation between height and vital capacity :

HEIGHT.				TOTAL CAPACITY.
Ft.	In.	Ft.	In.	Cubic inches.
5	0 to	5	1	174
5	1 to	5	2	182
5	2 to	5	3	190
5	3 to	5	4	198
5	4 to	5	5	206
5	5 to	5	6	214
5	6 to	5	7	222
5	7 to	5	8	230
5	8 to	5	9	238
5	9 to	5	10	246
5	10 to	5	11	254
5	11 to	6	0	262

Before making any further comment on the rule laid down authoritatively by Mr. Hutchinson, I will test by the instrument the vital capacity of some patients affected with pulmonary disease, who are now present.

(Several patients, cases of chronic pleurisy, phthsis pulmonalis in various stages, and emphysema, were tested, the height and age being first ascertained.)

They vary, you perceive, from 80 to 120 cubic inches expired. Not one of the above patients approaches to the normal vital capacity, in accordance with his height and age.

They are from 80 to 200 cubic inches below the standard according to the table.

I must confess that I have some misgivings as to the accuracy of this rule, and cannot but suspect that another element than that of height regulates the extent of vital capacity, and that element is the muscular force of the respiratory muscles.

I express this only as a suspicion. The extent of Mr. Hutchinson's inquiries, the evident care, labor and conscientiousness with which he pursued his investigations, entitle them to the highest consideration, and they should not be lightly questioned.

But, in a considerable number of examinations I have made on healthy individuals, of the same height and age, with slight difference of weight, there is manifest such wide difference of vital capacity, that I cannot but hesitate in adopting the rule as universally applicable.

I have, for instance, examined, within 24 hours, three gentlemen in perfect health, one a member of our profession, who have all been and are engaged in active pursuits. They are, respectively, 5 feet 11 inches, 5 feet 11½ inches, and 6 feet in height; the vital capacity of the first two is only 170 cubic inches, and of the last 190 cubic inches. According to Mr. Hutchinson's table they ought to have a vital capacity of 250 to 260 cubic inches.

Now, these gentlemen have a peculiar, and I may say, an American conformation. I am under the impression it is not common in England. They are tall, long limbed, thin, with very slender muscles.

The highest vital capacity I have met with, as yet, is in a young gentleman 5 feet 8 inches in height, in whom it is 290 cubic inches. He is of sanguine temperament, large, bony framed, and with well developed muscles. So far as about 100 observations have been made, I have not found that uniform relation, as stated in the rule, between height and vital capacity. The differences from 20 to 100 cubic inches, are too great to be attributed to accidental circumstances. The individuals I speak of are all in high health.

More numerous and extended observations are, however, required, before a positive conclusion on the subject can be justified.

It has occurred to me that the discrepancies between Mr.

Hutchinson's statements and my own observations, should they be confirmed by more numerous experiments, may depend on differences of race. The English are far more homogeneous than the Americans. In this country races are mingled, and continue to be more blended every day. As a race the English are bony, muscular, sinewy. Experiments with the Dynamometer have shown that they possess a superiority of muscular force.

In a homogeneous population the average height and weight would be in accordance with an average developement of the muscular system. But in a mixed population the same rule would not apply.

I believe there can hardly be a question as to the very marked difference in the general aspect and structure of the native-born Americans, who are generally a mixed race, and those of the English, Germans, Irish, and French.

In examining Mr. Hutchinson's Table *A*, exhibiting the total capacity of 15 different classes, there are very striking differences to be seen. Pugilists, seamen, fire and police men, and grenadier guards, have the greatest vital capacity. This is shown in the column of the table for the height of 5 ft. 8 in. to 5 ft. 9 in., and from 5 ft. 9 in. to 5 ft. 10 in.

Table of the Mean Vital Capacity of 15 *different Classes.*

	5 ft. 8 in. to 5 ft. 9 in.	5 ft. 9 in. to 5 ft. 10 in.
Seamen,	239	258
Fire Brigade	231	237
Police, Metrop.,	226	248
Ditto Thames,	250	240
Paupers,	199	262
Mixed Class,	238	246
Grenadier Guards,	233	240
Compositors,	214	231
Pressmen,	245	239
Draymen,	223	245
Gentlemen,	208	236
Pugilists, &c.,	243	273
Chatham Recruits,	251	266
Woolwich Marines,	240	246

In this table the vital capacity certainly does not correspond to height as it respects different classes. Those classes comprehending individuals whose occupations require athletic, roist, and picked men, exhibit a vital capacity varying from

20 to 40 cubic inches higher than paupers, compositors, and gentlemen.

This table appears to sustain the conclusion which seems to follow from the observations I have made here with the Spirometer, that it is muscular power, and not height, that governs the "vital capacity."—*Medical Examiner.*

ARTICLE II.

Dr. Davis's "History of Medical Education and Institutions," and the Reviewer in the New York Journal of Medicine.

Out of sheer justice to Prof. Davis we give the following from some unknown author who has had acumen enough to see, as every candid observer must, that the critique referred to was instigated by personal feelings against him. The endorsement of the Editor of the New York Register of Medicine and Pharmacy, of the position of his correspondent, contrasts strongly with the course of a certain medical editor out West of us, whose morbid desire to criticise the work, had led him to claim to have received a copy from the author, who informs us he never sent it to him, and with a preface of balderdash quotes the New York Journal's strictures, either not knowing or not caring to know that they were unfair in their representation of the nature and design of the work, and unjust and illiberal in their comments upon it. But as we understand the reviewer is to be reviewed, we shall see whether our cotemporary will have the fairness to give its readers both sides of the question.

To the Editor of the Register:

In the January number of *The New York Journal of Medicine,* I notice what purports to be a review of Professor Davis's Work on Medical Education, but which is more strictly an ill tempered tirade upon Dr. Davis's character, charging him with ignorance of the subject he treats, and his work a "*caricature* and a *libel* upon the profession," which the reviewer asserts to be "respectable."

Desirous of knowing how far these charges are correct, I have obtained a copy of the book, and from it I find abundant evidence that critics are liable to magnify trifling errors.

In the first place the writer, in order to show cause for saying what evidently is his first desire, finds it necessary to misrepresent the object of the work by stating it to be a "History of Medicine," whereas the very title of the book restricts it to a "History of Medical Education," and on such ground, charges Dr. Davis with having failed from ignorance in what he not only does not claim, but never intended to do: and which he distinctly states in alluding to medical history proper, that such topics are incidentally introduced, constituting no part of the main object of the work.

In alluding to the second chapter, the reviewer as usual, prefacing what he has to say of the work with reflections upon the author, introduces the following quotation from its last page: "I have not been able to find a single volume on any branch of medical science or practice published by an American physician during the first twenty years after the close of the revolutionary war." And he adds, "This is a precious confession for the historian of our profession, and we give him full credit for his honesty! What will the reader think, however, of Mr. Davis's knowledge, or his competency for the task of an historian, when he is told that the period mentioned by him abounds in original publications;" and then follows a list of sixteen works triumphantly brought in to show the reviewer's learning and the author's ignorance. Now it is hardly possible that there are any who would be deceived by this parade, and wilful misinterpretation of this sentence, notwithstanding it is carefully expressed. It must be remembered that Dr. Davis's book is a *History of Medical Education*, and the works referred to in the above quotation, were only such as are embraced under that head, viz.—works on Physiology, Anatomy, Surgery, Practice, etc. etc., or in other words, "text books," of which there is not one in the list of sixteen introduced by the reviewer." That it was possible for the author of this review to have mistaken the import of the sentence we cannot believe, without we are assured that he does not comprehend the meaning of English words, or else, that he does not tell the truth when he states that he has read the book through, for in the very chapter which he passes over to find this isolated sentence, there is frequent allusions to original works upon general and special subjects, and particularly the "*Medical Inquiries and Observations of Dr. Rush*," with the titles in full and quotations credited to the same; yet this last heads the "list of sixteen" which are brought forward as works which Dr. Davis could never have seen.

There are other points equally at variance with the true spirit of justice and candor; but we trust the examples already given are sufficient to show that the article, in the Journal of Medicine, was instituted by any other than a desire to give an impartial criticism of the merits of the work.

New York, February, 1851. ***

[We publish the above communication, although not in order, as the Journal of Medicine is the proper medium for answers to articles it contains; yet as we believe our correspondent has the right of the matter, we do not consider it a good reason why we should refuse his article.—*Ed. Register.*] —*New York Register of Med. and Phar.*

ARTICLE III.

California Quicksilver.

It is not improbable that gold may be found to constitute but a small proportion of the wealth derivable from California. It has for some time past been known that quicksilver abounds in that locality to an enormous extent. About twelve months ago a capitalist embarked with the requisite machinery for working a mine, and the result has more than realized his most sanguine expectations. On his return to England in quest of additional machinery, we are informed that he found a letter from the great Rothschild—the present mercury monopolist—requesting an interview with him in London—for what purpose it is easy to guess. We believe this request was not acceeded to. The reports respecting the extent of the supply in the new mines are almost incredible. We have been informed that within a few weeks of the commencement of operations by the party alluded to, assisted by five men, a quantity of mercury was raised equal in value to £100,000 at the present market price. Even allowing a large discount for exaggeration, there is no reason to doubt that the supply is almost unlimited, and that the metal can be profitably sold at less than half its present price. The silver mines in Mexico, which have for years been unproductive, on account of the prohibitory price of mercury, may now be supplied on reasonable terms, and every branch of trade and manufacture in which mercury is used, will acquire a similar stimulus.—*Pharmaceutical Journal, Nov.* **1, 1850.,** *in Amer. Jour Far.*

ARTICLE IV.

St. Louis Probe.

The following is a rare specimen in the valedictory line.

Our Journal.—The present number closes the first volume, and ends the publication of the PROBE. During a years experience in journalism, we have been convinced that neither fame nor funds, can be acquired by conducting a medical monthly, and that many members of the medical profession are miserably poor in pocket, and more are deficient in moral principle, however well they may be imbued with the principles of their profession. We are inclined to believe that a large number, who have received our journal without paying for it, have devoted themselves to the study of scorbutus, with some success; for we must say they have treated us most scurvily, and not a few have shown a thorough acquaintance—not with abstract principles—but with the principles of abstraction, which would entitle them to the consideration of the judiciary. For the kind favors, and warm support we have received, however, from the better portion of our brethren, we return our hearty thanks, and thus take leave of them. Our hearts are so very full, and our pockets so very empty, that we are unable to say more.—*St. Louis Probe.*.

ARTICLE V.

On the treatment of Scarlatina by Inunction, by Dr. SCHNEEMAN. (*London Journal of Medicine*, Sept. 1850.)

[In Vol IX, p. 15, of our "Abstract," we briefly mentioned this treatment on the authority of Mauthner, a physician of high repute in Vienna. We here present our readers with a more detailed accounnt; premising, that however puerile this treatment may appear, *prima facia*, its harmlessness may entitle it to a trial where a more hazardous proposition might reasonably be rejected. The following account is abridged from the "Lancet," Sept. 15, 1849.]

Description of the Treatment.—As soon as we are certain as to the nature of the illness, the patient must be rubbed every morning and evening, over the whole body, with a piece of bacon, in such a manner that, with the exception of the face (?) and hairy scalp, a covering of fat is everywhere applied. In order to make this rubbing-in somewhat easier, it is best to take a piece of the size of the hand, choosing a part still armed with the rind, that we may have a firmer grasp. On the soft side of this piece, slits are to be made in various directions, in order to allow the oozing out of the fat; and this is still further promoted by placing the bacon, for some time previously to using it, near the stove, in the oven, or on the hob. But the fat must be allowed to cool before being used.

The rubbing must be so performed, that the skin may be regularly, but not too quickly saturated with fat. During the process, only that part being rubbed is to be uncovered, or the whole can be done under the bedclothes; but this precaution is unnecessary. Although this plan, from the mess it makes, is not calculated to find favor, as it dirties bed and linen, as well as the persons of the children, yet the first few days yield results which make all this forgotten, and inspire the mothers with enthusiasm. With rapidity the most painful symptoms of the disease are allayed; quiet, sleep, appetite, and good humor return. Other things, however, are necessary besides infriction with fat; but still the most important share of the merit may be imputed to this treatment. The truth of this will appear from a citation of the first results which follow:

1. The improbability, I might say impossibility, of the patient getting cold. Were this the sole benefit of the inunction, it would be great.

2. The dry brittleness of the skin, and the tormenting itching, are not only materially alleviated, but, for the most part, fully put a stop to. Hence children generally like the rubbing-in, and often ask for a repetition of it before the time is come.

3. The influence on the physiological functions of the skin is still more important. During the coming on of scarlet fever, the skin becomes diseased, in consequence of which it dies off; and, until a new covering is prepared for the surface, the functions of the skin are ill performed, or, during the desquamation, probably not performed at all. To appreciate the importance of the imperceptible functions of the skin, merely mechanically viewing the matter, I refer to the experiments of Seguin, which fix the quantity of matter thrown off from the outer skin at eleven grains per minute in a grown person, and therefore more than two pounds per day. What effort it must cost the organism to lead so large a quantity into other paths, in order to throw it off when the skin is incapable of doing so! To give a striking proof of the bad influence which the interrupted functions of the skin produce on the healthy activity of relative, even of distant organs, I may cite the fact, that death is always the result where more than one half of the skin has been destroyed by fire or boiling liquid. A similar destruction of the skin ensues in scarlet fever, with this difference, that it takes place gradually, and thereby the organism is better enabled, by employing all the activity of the body, to find aid against the mischief which, to the injury of the patient, must result from the cessation of the functions of the skin.

4. The oxidation of the blood is thus considerably promoted, the interrupting of which is the cause of such serious phenomena. As the disease of the throat is not improbably, in great part, due to the interruption of the functions of the skin and lungs, it must naturally disappear, or not present itself, where these are continued in integrity; and such is found, in practice, to be the case.

5. Owing to the fatty covering, the skin is kept moist, and the cuticle cannot be driven about the room by currents of air; and thus one fertile source of infection is kept closed up, it being well known that infection is most easily communicated at the period of desquamation. The danger of infection, un-

der any circumstances is materially lessened with the disappearance of the eruption from the skin, inasmuch as the process of generating infectious material is interrupted by restoring the skin to its normal state.

6. By shortening the period of desquamation, and protecting against the sequela of the disease, the duration of the treatment can be shortened to a period of from six to ten days.

7. The remedy is (cheap,) harmless, practical, and is perhaps never counter-indicated. The linen must not be too frequently changed, as a clean shirt takes up more of the fatty matter than one already saturated, and hence the skin is sooner deprived of its fatty covering. The rubbing-in is to be kept up twice a day for three weeks, and once a day during the fourth. The patient is, after this, to be washed daily with cool water and soap, and then only is the warm bath to be commenced. This process does not interfere with the natural course of the malady, and expose the individual to second and third attacks. In severe cases, the remedy may be repeated three or four times within the twenty-four hours. The main point is, to keep the skin *always* cool and moist; and here, even with all possible precaution, the skin will sometimes come off in certain places. The practitioner will do well to fix the exact hours at which the rubbing-in is to take place: it will then most probably be better and more regularly performed.

Other points, which are also important enough, now remain to be noticed.

8. *Temperature.*—Experience proves that it requires no great daring to keep the patient cold instead of hot. Cold washing is *not* to be employed, as it promotes desquamation. Cool air seems to have a bracing influence on the system, and a soothing one on the respiration; and all danger is avoided by the fatty covering. The temperature of the bedroom should never be above 13°R. The idea of throwing back the eruption by mere cold air is an error. Great heat is much more likely than cold to throw in the eruption. In fact, the fatal cases of this kind are principally those where, through keeping the patient too hot, the cerebral affection has been brought on; this has given rise to paralysis which appears sooner in the skin than in other parts, and thus to the withdrawal of the eruption—for the skin dies sooner than other parts, as shown in collapse, where mustard poultices do not act as in other states.

9. *Bed.*—The patient should not remain in bed any longer than is absolutely necessary. As soon as the fever, headache, and a desire to remain in bed are gone, he may quit it, for in bed the skin is between two fires,* and the functions of the body do not go on so well as in moving about. Hence, even when the patient must lie down an hour or two daily, he should still go about the rest of the time.

10. *Diet.*—The diet should be light, but there must be no starvation, and as rapid a return as possible to the usual food.

11. *Washing.*—Although it brings on desquamation, it will be as well to let the patient occasionally wash his hands and face with water and soap. It reconciles him to the dirt attendant on the rubbing-in.

12.—If *constipation* ensue, it must only be combated with medicines; when, at the end of forty-eight hours, it makes no semblance of disappearance, then a clyster of poppy oil is the best remedy.

The author enters his protest against a partial employment of his remedies.

Complications require a modification of the system.—1. *Severe cerebral symptoms at the commencement.*—The above treatment can only be applied where time is allowed for the development of the restorative process. Occasionally the case is accompanied at its very outset by severe cerebral affection, and convulsions. Here bleeding may be employed, and if necessary, unhesitatingly repeated. To support this view, Dr. Schneemann instances the authority of Armstrong, Bernd, Stieglitz, Hammond, Hingeston, &c. Venesection is, accordingly, the sheet anchor. The other remedies are:—The application of concentrated cold to the head; and the best form for this is ice. The cold dash is often more hurtful than useful, on account of the serious reaction which follows it, and exposes the patient more to the dangers of an apoplectic attack, although its results for the minute are often very flattering. *At the end of every two hours the bladder of ice should be removed,* in order that the uninterrupted effect of the cold may not weaken too much the tone of the vessels of the brain. Warm mustard plasters to the shins are a most valuable remedy. Internal remedies are generally of little use where the above given remedies fail; the only one of any importance is the carbonate of ammonia. Mercury is of little value, except just to open the bowels; for its specific action never comes into full play till the system is throwing off the affection. There are, however, much better purgatives than calomel; the saline, for instance. Emetics ought not to be tried in cases complicated with cerebral affection; in others they may. The aconite failed in the author's hands, both in tincture and solution. With regard to the treatment by leeches and ammonia, so many writers have already pointed out its good results, that the author can safely recommend it, but with the proviso that in urgent cases bleeding be substituted for leeches.

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* Here it will be as well to state that in Germany a feather bed is frequently substituted for bed-clothes.

2. *The Affection of the Throat.—Primary.* As this is but a link in the whole, so must the measures taken for its removal be such as will remedy the general affection. *Secondary.* For this, the rubbing-in, as it acts by prophylaxis, is the best possible remedy; but where this has not been brought into use, or where, from keeping the patient too warm, desquamation has come on, and the secondary sore throat has set in, the best remedy is the use of emetics. They not only remove the tough glazy slime, but excite the secretions and excretions to more normal disposition, and this is especially the case if the disorder have a gastric character. Many, by confounding the employment of emetics in the early and latter stages, have brought them into discredit. For the swelling of the tonsils, an excellent remedy is a solution of nitrate of silver (twenty grains to an ounce of water), with which they and the soft palate are to be painted; but so many varieties present themselves in these secondary attacks following on scarlet fever, that no general rules can be laid down. Here everything depends on the discrimination and judgment of the practitioner.

Prophylaxis.—Warm clothing, separation from school, and above all, light diet, are the best preventatives. That the younger children, as more predisposed than the others, must be more carefully separated from the sphere of infection, is doubtful practice. Not only are many children never infected, who, however, by adopting this system, require to be as carefully secluded as the others, thus causing great inconvenience; but the mildening influence and actual advantage of a gradual accustoming to the infection are thereby lost, and consequently the attack when it comes, is so much the more severe. The free communication with the patient is good, in order that constant exposure may, as in the case of physicians and nurses, blunt and wear out the disposition to the disease; for as it now is, children are separated from the patient during the first period, which is the mildest, and exposed to contact with him during the process of desquamation, which is the source of the most dangerous infection. Many preservatives have been vaunted against this malady during its epidemic appearance; of these, however, the only one apparently deserving of much credit is the belladonna. Its action appears to be, "by altering the relation of the nervous system, to diminish the disposition of the disease." The author's prescription is—Take of extract of belladonna one to two grains; distilled water, one ounce. Mix. Give to each child, morning and evening, as many drops as it has years, and continue to do so at least fourteen days. But not to confine himself to his own testimony, Dr. Schneemann gives that of Jordens, Ettmuller, Hedenus, Gumpert, Hufeland, Martius, Pormey, Behr, Benedix, Thaer, &c., who have testified to the value of belladonna; and though he admits that as many opponents might be found, he thinks it scarcely credible that all the former had deceived themselves. In certain sections of the circle of Bayeux, Dr. Feron preserved from scarlet fever all the children who had not been attacked before he commenced operations. In 400 cases near Valenciennes, treated with belladonna, not one person was attacked.—*Ranking's Abstract.*

ARTICLE VI.

Midwifery and Diseases of Women.

Hemorrhage, Uterine.—Mr. J. Griffith brings again into notice the great value of oil of turpentine in uterine hemorrhage. He says the most convenient way of giving it is ℥j of turpentine to ℥ss of oil of sweet almonds as a draught, and repeated in five minutes if the symptoms are urgent. (p. 270.)

Lactation.—In cases of child-birth where the appearance of milk is delayed, a decoction is made by boiling well a handful of the white Bofareira (Ricinis Communis of botanists) in six or eight pints of spring water. The breasts are bathed in this decoction for fifteen or twenty minutes. Part of the boild leaves are then spread thinly over the breasts, and allowed to remain until all moisture has been removed from them by evaporation, and probably, in some measure, by absorption. This operation is repeated at short intervals, until the milk flows upon suction by the child, which it usually does in the course of a few hours. If the milk is required to be produced in the breasts of women who have not given birth to or suckled a child for years, the mode of treatment is as follows:—A similar decoction is made, and it is poured while yet boiling, into a large vessel, over which the woman sits so as to receive the vapor over her thighs and generative organs, cloths being carefully tucked around her, so as to prevent the escape of the steam. In this position she remains for ten or twelve minutes, or until the decoction cooling a little, she is enabled to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed and gently rubbed with the hands, and the leaves are afterwards applied to them in the manner described. These operations are repeated three times during the first day, on the second the process is repeated as to the breasts three or four times, on the third day the whole process is repeated. A child is now put to the nipple, and, in the majority of instances, it finds an abundant supply of milk. In the event of success not following, the treatment is continued for another day; and if there be still want of success, the case is abandoned. (Dr. J. O. M'William, p. 316.)

Oxytoxic.—The administration of the Indian hemp seems markedly and directly to increase parturient action, and Dr. Churchill states, that it possesses powers similar to those of the ergot of rye in arresting hemorrhage, when dependent upon congested states of the impregnated uterus. [Prof. Simpson, p. 316.]

Placenta Prævia.—If the os uteri is not dilated plug the vagina accurately, to produce a coagulum and stay the flooding, to save the child, to prevent the powers of the mother being exhausted by loss of blood, and to favor the dilation of the os. As soon as the state of the os allows, introduce the hand immediately, separate sufficient of the attachment of the placenta to the uterus to allow the hand to pass to turn and deliver. We believe that where the cessation of hemorrhage takes place from the separation of the placental attachment, the placenta being still left in situ, as advocated by Professor Simpson, it is owing to the placenta forming a plug upon the uterine orifices. For the arguments in the defence of the use of the plug and the explanation of its action, see p. 268. [Mr. W. Braithwaite.]

Sponge Tents.—An improvement upon Dr. Simpson's method of making sponge tents has been introduced, which consists mainly in not steeping the sponge in a solution of gum; and the advantages of this method are, that "they are made with much greater facility, their being thus compressed into a smaller compass, and that the expansion of the tents is equally gradual, never requiring the aid of tepid water injections, the moisture of the surrounding parts being quite sufficient." (Mr. C. Coates, p. 306.)

Sterility.—Dr. E. Williams has described a Japanese remedy for sterility. The tree is one of the order of the Ternstromaceæ of Jessieu, with leaves somewhat larger than those of the congou tea, emitting an odour when bruised resembling pulegium and sabina. The mode of preparation is to take a quantity of the leaves, macerate them in as much rice spirit as will just moisten them, for six hours; then express, and give about a teaspoonful every hour, and two or three doses will invariably bring on the menstrual secretion, which can be maintained by a dose or two daily, for any length of time. (p. 320.)

Uterine Neuralgia.—Apply blisters to the hypogastric region, cauterization of the cervix, narcotic injections, with absolute rest and general treatment. (M. Valleix, p. 307.)

Warty Excrescences.—Mr. T. W. Nunn, acting on the principle of Dr. Arnott, of using congelation as an anæsthetic agent, has recently applied little wedged-shaped pieces of ice to the necks of large warty growths depending from the labia minora, till they became blanched and cold; and he then removed a great many of them with a single stroke of the knife, without causing the patient any but very slight pain. [p. 814.] *Braithwaite's Retrospect.*

ARTICLE VII.

Venereal Affections.

Gonorrhœa.—Give acetate of potash in half drachm doses every four hours. Even where the disease has not yielded, it has been repeatedly found, that, after a few doses of copaiba, the cure has been completed, and a relapse prevented. (Mr. Hilton, p. 264.)

The severe forms of gonorrhœa which are so exceedingly obstinate, are owing to the inflammation spreading along the entire canal, extending over to the mucous membrane of the bladder itself, nay, even, in some cases to the ureters and kidneys; and puss discharged through the urine is an indication of it. There is no specific remedy for this form, but when pus has once appeared in the urine, the antiphlogistic treatment must be more strictly enforced; and when the inflammatory symptoms have subsided, then, and not until, specific remedies, as balsams and cubebs, may be resorted to. (Mr. W. Colles, p. 265.)

Syphilis.—Surround the patient with an atmosphere of mercurial vapor, in a moist state, by the following method: Place the patient on a chair, covering him with oil-cloth lined with flannel, then fumigate him with the bisulphuret of mercury, or the grey oxide, or binoxide. The patient may remain in this mercurial atmosphere for ten minutes or half an hour. Let the patient then repose in an arm chair for a short time, and let him drink a cup of warm decoction of guaiacum, sweetened with syrup of sarsaparilla. (Mr. Langston Parker, p. 261.)

Indurated Chancre.—M. Ricord gives the proto-ioduret of mercury, but this does not seem to agree with patients in this country, which may be attributed to climate and difference in diet. He says mercury must be persisted in three or six months after the disease has disappeared to prevent a relapse. He uses fumigations, also, much on the same plan as Mr. Langston Parker, but thinks a spirit-lamp does not give out sufficient heat. (p. 261.)

Phagedenic Chancre.—Iron is the remedy, its effects are most magical. It is much used by M. Ricord. The following is the best mode of giving it. Potassio-tartarate of iron, one ounce; water six ounces. Mix. Two table-spoonfuls three times a day. (p. 262.)

Tertiary Symptoms.—Give the iodide of potash in *large doses*, which will benefit when small ones are of no avail. (Mr. W. Acton, p. 263.)—*Ibid.*

ARTICLE VIII.

The Salts of Morphia.

M Mialhe, of Paris, is of the opinion that Opium, either in the shape of extract or tincture, ought to be entirely discarded from practice, as the proportion of active principles in this drug is extremely uncertain, both from natural causes, and through adulterations. He has found that in the various kinds of opium of commerce, morphia varies from seven grains and a half to eight scruples per three ounces and a half; or in other words, from one-half to ten per cent. In adulterated specimens, namely in a substance that merely imitated opium, he has found only six parts of morphia in 5000. M. Mialhe infers that morphia alone should be used in medicine, and that this principle should drive away opium, as quinine has replaced bark.—*London Lancet., in ibid.*

ARTICLE IX.

Analysis of Prairie Soil.

Although not strictly professional in its character, the following paper, taken from the U. S. Patent Office Report, for 1849-50, will be found of interest, especially to those who are studying the influence of the soil upon the health in different localities. **E.**

(We insert with pleasure the following analysis of a specimen of prairie soil, from the farm of Dr. J. A. Kennicott, of The Grove, Ill., made by Prof. James V. Z. Blaney; of Chicago.)

The soil analyzed was taken from a "roll" of the prairie, at or near the summit of the "roll" or elevation. A sod two inches thick was first removed, and the specimen then taken up with a spade, about 6 inches deep; the central portion of which was used for the analysis.

Description.—The soil was a loose friable loam, of a very intense black color when moist, greyish-black when dry. It contained some small fibres of grass roots, and no gravel. A *Mechanical Analysis* was first made, as follows: A weighed portion of the soil was treated with distilled water, and agitated for some time; then allowed to settle for one minute; the water poured off into another vessel, and allowed to stand to deposit the pulverulent matter which it held in suspension. This process was continued until the washings ceased to hold any particles in suspension. The sandy matter left, and the pulverulent matter washed over were each collected on a weighed filter, washed, dried at 212° F., and weighed. The filtrates of both were mixed, evaporated to dryness at 212°, and weighed, giving matter soluble in cold water. A separate portion of the soil, which had been exposed for a long time to a moderately dry air, was dried at 212°, and the hygrometric moisture thus ascertained. These processes gave the following

Results of the Mechanical Analysis,

	Per cent.
Hygrometric moisture,	[illegible]
Sandy particles,	[illegible]
Finely divided do.	[illegible]
Matter soluble in cold water,	[illegible]
	[illegible]
Loss	[illegible]
	100.00

A separate analysis was made of the coarser and finer particles. Analysis of the coarser particles gave the following results:

	[illegible]
Organic matter and combined water together,	[illegible]
Matter insoluble in [illegible]	[illegible]
Combined silica (probably in combination with alumina)	[illegible]
Alumina,	[illegible]
Sesquioxide of iron,	[illegible]
Carbonate of lime,	[illegible]
Magnesia and alkalies together,	[illegible]
	[illegible]

Analysis of the finely divided particles gave

	Per. cent.
Organic matter and combined water,	10.00
Matter insoluble in hydrochloric acid, say, silica,	76.00
Combined silica, (a trace)	
Alumina,	4.25
Sesquioxide of iron,	4.25
Carbonate of lime,	1.50
Magnesia and alkalies together,	2.50
	98.50

The error in the former analysis is, I think, in a measure, due to the fact, that the iron exists in the sandy matter as a protoxide, probably in combination with silica; hence, when calculated as a sesquioxide, it gives too much by about 0.40 per cent.

In the latter analysis, I presume that the iron exists in the form of a protocarbonate. If such be the case, nearly two per cent should be added, to obtain a correct result.

The analysis of the soil as a whole, as calculated from the above, would give the following as a very close approximation to the truth:

Hygrometric water,	3.500
Organic matter and combined water,	8.166
Silicious matter insoluble in hydrochloric acid	77.286
Silica combined,	0.328
Alumina,	2.880
Sesquioxide of iron,	3.458
Carbonate of lime,	1.094
Matter soluble in cold water, (not examined)	1.000
Magnesia and alkalies, (not separated)	2.369
	100,081

Had a little more time been allowed to me, I would have ascertained with accuracy the amount of alkalies, and also in what state of combination they exist, as carbonates, sulphates, or silicates. I would also have critically examined the organic matter, and tested for the presence of phosphates. I have ascertained that nitrogen is present in the organic matter, as ammonia is evolved at a high temperature.

For the absorbent power of the soil, I find that a specimen, which had been exposed for some time to dry air, when exposed 48 hours over water at 60° F., gains 3 per cent. of water by capillary absorption. Another portion, of the same degree of dryness, exposed *in vacuo* over sulphuric acid at 60° F., lost, in 48 hours, 3.20 per cent. of water, by evaporation into a perfectly dry atmosphere.

The difference in the amount of water retained by capillary attraction, in an atmosphere saturated at 60° F., and that in perfectly dry air at the same temperature, may be stated at 6.20 per cent.

ARTICLE X.

New Method of Operating for the Radical Cure of Inguinal Hernia. By M. Varette.

In a note to the French Academy of Sciences, by M. Varette, which was referred to a select commission, composed of Messrs. Velpeau and Lallemand, we find the following concerning the radical cure of inguinal hernia:

"I had the honor," said M. Varette, "to address to the Academy, in May and November of 1849, some observations on the radical cure of inguinal hernia, obtained by a method which appeared to me to be novel. I have not yet sufficient facts to treat of the matter in all its details; nevertheless, I hope the Academy will receive the announcement of an operation which I have conceived for the cure of an affection, which has as yet defied all the resources of art. This operation consists—firstly, in folding about the whole extent of the inguinal canal, and even beyond it, a tegumentary plug; secondly, in retaining it *in situ*, for a sufficient length of time; and, thirdly, in obtaining by means of cauterization, solid adhesions over a large surface."

M. Varette then gives a description of an apparatus for operation, the engraving representing which is not given by the Academy in its transactions, and consequently we should be unable to convey its merits fully by description. It is enough to say, however, that, the hernia being reduced, and the surgeon with his index finger, having pushed into the canal, a species of blunt *tampon* of the neighboring integuments, a part of the apparatus alluded to, acts as a finger, in maintaining the tampon in place, and pressing it strongly against the anterior wall of the canal—its point of support being another piece. which to a certain extent represents the thumb of the operator. This second piece is metalic and moves at pleasure to the middle of the first, which is composed of wood. This is hollowed out with a curved canal, in which plays, like a trocar in its sheath, an armed needle, which when pushed out, opposes itself very easily to the retrograde action of the tampon in the canal. The metalic piece, instead of being smooth, is grooved in the centre, so as to permit the application of caustic to produce a slough. This cauterization, performed by means of the chloride of zinc, is applied sufficiently extensively to include the thickness of the anterior wall of the inguinal canal, and that portion of the plug which is in contact with it.

When the slough was healed, strong adhesions will have been performed between those portions of the plng, and of the canal subjected to cauterization. The apparatus is removed, when the slough falls off (from the seventh to the tenth day) the sore heals rapidly, and the nodular tissue adds force to the adhesions sought for.

"I have performed this operation," continues M. Varette, "on five patients in my wards, and I may affirm it so easily done, and so free from danger as to astonish the many students who have observed my operations. In fine, its efficacy appears to me to be certain. I hope to be able to publish a sufficient number of cases, to convince the minds of those who may read them. By that time, my method will probably have excited some prejudice against it; but this will fall before the force of the facts. What I have seen authorizes me to pronounce without hesitation, that the time is not far distant when the surgeon will radically cure a disease, which is at present treated only with palliatives."

We think that the operation of M. Varette merits careful notice on the part of the profession, though the principle upon which it is based is not new, and it is somewhat similar to the radical cure of varicocele by amputation of a portion of the scrotum.—*Philadelphia Lancet.*

ARTICLE XI.

On the Treatment of Bronchocele by Compression. By WM. C. DWIGHT, M. D., of Moscow, N. Y.

Although Goitre is by no means common, yet it is not so rare in some districts of our country as not to require attention.

Many cases were brought under my notice when Iodine had become the fashionable remedy, and my patients were advised in regard to its use. All the precautions were taken to have them guarded from the effects of imprudent use of this medicine, yet, more than once, I was forced to witness distress for breath, and palpitation of the heart, which I could attribute to nothing but the Iodine, and this too, before there was any sensible diminution of the deformity. It was found, moreover, that this was an evil to be expected, as prudence is not common at the age of patients of this class. Under such circumstances, it was desirable to look about for a safer remedy, and it was determined to try pressure. To produce sufficient pressure without impeding respiration, resort was had to the following mode of proceeding:

Three straps of good glazed brown cambric were spread with Emp. Ol. Lini cum Plumb. Sem. Vit. Oxidi.,* each of half the width of the tumor, and of length sufficient to reach from the lower edge of the scapula of one side obliquely up the opposite side of the neck and across the lower part of the tumor, passing thence onward in return to the upward direction down to the lower edge of opposite scapula, crossing like suspenders. The strap is drawn quite tightly, producing very considerable turgescence of the blood vessels of the face. The patient will shrug up his shoulders for a few minutes until the Thyroid vessels become compressed sufficiently to enable him to breathe more comfortably, and the countenance resumes its natural appearance. Five minutes is all the time ordinarily required. The second strap is then passed in the same manner across the upper part, from half an inch to an inch, from the first, according to the circumstances of the case, such as length of neck, size of tumor or situation and form.

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*I prefer this plaster [illegible] property [illegible]

This strap is drawn as tightly as the first. After waiting until the countenance allows a new application, the third strap is put on in the same manner over the immediate space in like fashion.

Ordinarily the plasters will adhere in cool weather from ten days to a fortnight, when, becoming loose and non-adherent, they ought to be removed. If the pressure has been well applied, the tumor will be found to have become slightly less, the skin somewhat reddened and tender. In such case it is prudent to wait until it assumes its natural appearance before a new application of the plasters.

The first application has in one case been sufficient, but the average has been as high as four times in each case. When the Bronchocele has become diminished to half its size at the time of its first application, it will continue to disappear without further care. The success which has attended this treatment is such as to warrant confidence. In twenty cases there has been no failure. In the first four, Iodine was used in conjunction with the plasters, and in the twelfth it was used antecedently for several weeks without diminuation of the disease. In these cases the progress was no more rapid than when no Iodine was used. In two of the cases the disease returned at the end of two years each, but on a new application of the straps was immediately overcome, and although ten years have elapsed since the last application, all is as well as though there had never been any deformity. It is proper to add, also, that in both of these cases Iodine was freely taken as well as pressure used at the commencement.—*Buffalo Medical Journal.*

Moscow, Dec., 1850.

ARTICLE XII.

Cholera at Jamaca.

The city of Kingston is said to have lost not fewer than 5,000 inhabitants by the cholera. The scourge was beginning to slacken at the last accounts. The Kingston Journal says: It has appeared at Radner, a property 3,000 feet above the level of the sea, and the finest climate known on the face of creation; and it has touched similar altitudes in the parishes f Port Royal and St. Andrew. It has been frightfully malignant at Midleton coffee plantation, and has manifested itself at Charlottenburg, Chester Vale, Newton, and other properties, all situated at an altitude that has hitherto defied febrile diseases.—*Scalpel.*

ARTICLE XIII.

American Medical Association.

The Committee of Arrangements request all societies and other institutions authorized to send delegates, to forward a correct list of those selected to attend the next annual meeting, to the Secretary, Dr. H. W. DeSaussure, at Charleston, S. C., on or before the 1st day of April.

In consequence of the resignation of Dr. Stille, one of the Secretaries, from ill health, all communications intended for the next meeting of the Association must be addressed to the remaining Secretary, Dr. H. W. DeSaussure, Charleston, South Carolina.

The Fourth Annual Meeting of the American Medical Association will be held at Charleston, S. C., on the 1st Tuesday of May uext.

Editors of Medical Journals will please give the above notice an early insertion in their respective journals.—*Charleston Medical Journal.*

ARTICLE XIV.

Collodion in Erysipelas. A Singular Coincidence.

In the December number of this Journal, we noticed the successful treatment of a case of Erysipelas by the application of Collodion, the report of which, with that of four other cases was published in the Lancet of January. We have since that time employed this agent in very many instances, and with the most prompt and flattering results.

In the Eclectic Department of this Number, our readers will find a paper from the London Lancet of December, reporting the use of Collodion in the same affection by the well known Surgeon, Mr. Luke. It is somewhat singular, that probably about the same time, and with the same intentions, the Collodion was employed by us both. And the coincidence is the more remarkable, that the great similarity of expression and pathological deductions, might lead some to suppose that we were in *telegraphic* communication with Mr. Pete, the Reporter of the London Hospital.—*Northern Lancet for February*, 1851.

We quote the above to give our readers another illustration of the intensity with which the Medical public, in this country, keep their eyes fixed upon the East; scarcely surpassed by the superstitious devotions of the Arabs towards Mecca.

By reference to the files of our Journal it will be found that just one year before the publication of the article above referred to, in the London Lancet, Dr. J. W. Freer, (now Demonstrator of Anatomy in Rush Medical College) published the result of a number of cases of Erysipelas, which had been treated by the Application of Collodion; his use of it commencing eight months previously to the publication. His reasoning was the same as Mr. Luke's. It is a remarkable coincidence that Dr. John Snow of London, reported the same treatment in the *London Lancet, April 29th, 1850; just four months after the article of Dr. Freer was given to the public in our Journal. We are not apprized of the precise length of time it takes our Journals to cross the Atlantic, but should think it ought not to be over four months. E.

*See Braithwaite's Retrospect of July 1850.

Part 4.—Editorial.

ARTICLE I.

VALEDICTORY.

With this number ceases the editorial connection of the undersigned with the N. W. Medical and Surgical Journal. In parting with those whom he has been so long accustomed to address and from many of whom he has received such numerous tokens of good will and friendship the editor feels that he would be derelict in duty were he to dissolve this connection without signifying his sense of obligation to those of his friends who have favorably regarded his labors in behalf of the profession.

It is not necessary to enter into the history of this Journal under the management of the present editors, further than to observe, that when they undertook to conduct it, it labored under very considerable embarrassment. From that embarrassment the profession generously stepped forward and relieved it; thus placing it in a position to render more effective aid in the cause of medical science. In dissolving his connection with it, the subscriber is deeply gratified in being able to assert that the Journal is more prosperous than at any former period of its existence. How far his own efforts have contributed to bring this about, it does not become the undersigned to say. It is enough for him to know that he has retained the good will and confidence of his excellent and esteemed colleague—for whose friendship he can never be sufficiently grateful—and, as he believes, the respect of a great majority of those for whose benefit his editorial labors have been performed.

Whatever of good will or friendship has been manifested towards the writer, during his editorial career, he takes pleasure in bespeaking a continuance of it to the senior editor, whose labors in behalf of medical science render him worthy the esteem of every true son of Æsculapius; and certainly there is no one who more heartily than the undersigned, wishes him brilliant success in his future editorial career.

Amongst those who are and have been readers of this Journal, the writer numbers many warm and personal friends, whose "old familiar faces," he will in all human probability never be again privileged to see. He begs to assure them that he will carry with him to his new home on the Pacific a most grateful appreciation of their kindness and partiality. And to them as well as to those who without personal acquaintance have manifested a generous interest in our enterprise, the writer in bidding them farewell, desires to reiterate his assurance of respect and esteem, and his sincere wishes for their future prosperity and happiness.

February 15, 1851. EDWIN G. MEEK.

ARTICLE II.

ILLINOIS GERERAL HOSPITAL.

This institution has now been open for the reception of patients since November. The project of opening it in the Tippicanoe Hall, was abandoned and the Lake House was secured in its stead.

This establishment known throughout the North West as one of the largest and finest tavern edifices in the western country, will afford ample room and admirable conveniences for the care of 200 patients.

An arrangement has been made by which the "Sisters of Mercy" have the care of the Institution, who took charge of it in February ult. The admirable neatness and air of comfort that are everywhere manifest in the Institution prove the wisdom of their appointment.

The Physicians and Surgeons that have been appointed are D. Brainard, M. D., Surgeon; N. S. Davis, M. D., and Levi D. Boone, M. D., Physicians; John Evans, M. D., Physician to treat diseases of females.

Other appointments it is understood will be made in a few days.

The institution has the care of the sick paupers of the country who are suitable objects of hospital treatment, and also of the marine patients, until the Marine Hospital shall be opened for their reception.

We would advise our readers in Illinois that by the law establishing the Institution, (which may be found in the acts of the extra session of 1849) the county boards of each county in the State, are authorized to send patients to the Institution at county charge, which will enable them to put under the treatment of the Institution any cases that may be thought advisable. The price of admission to such patients, including board, medical treatment, &c., has been fixed at $2,50 per week.

Private patients can have separate apartments, and will be received at prices varying according to the accommodations at from $2,50 to $4,00 per week.

Our friends may rest assured that patients whom they may send to the Hospital will receive every necessary attention and comfort.

Our readers, too, may expect regular reports of clinical lectures, and interesting cases in the Journal.

Students are admitted to witness practice in the wards.

ARTICLE III.

MEDICAL SOCIETIES.

Winnebago County Medical Society.

At a meeting of the Physicians and Surgeons of this county, at Rockford, on the 30th day of January 1851, pursuant to former notice it was resolved to form a County Medical Society. After the appointment, and report of a Committee, a Constitution, By-Laws, and a Code of Medical Ethics was adopted. The Society is to be called the "Winnebago County Medical Society." The officers are a President, two Vice Presidents, Secretary, Treasurer, and a Board of Censors.

It is made auxillary to the State Medical Society, of this State. It is to hold its annual meetings at Rockford on the first Tuesday of April of each year, and quarterly meetings on the first Tuesdays of July, October, and January, at a place to be chosen at the previous meeting, at which meetings Physicians of other counties are invited to be present. Two members of the society are appointed at each meeting to deliver dissertations at the next meeting, the persons appointed, and the subject chosen by the President. Dr. Andrews was appointed to speak on Typhoid Fever, and Dr. Ames on contagion. The President is also to deliver an address at each annual meeting.

The officers elected were as follows: Dr. Wm. Lyman, President, Drs. Lucius Clark, and A. E. Ames, Vice Presidents, Dr. J. Blount, Secretary, Dr. N. S. Andrews, Treasurer, and Drs. Charles Richings, G. P. Ranson, and S. Clark, the Board of Censors. Adjourned till Tuesday, the first day of April at Rockford, Ill.

J. Blount, *Sec.*

Stark County Medical Society.

We have a Society in the third year of its exisitence, called the Stark County Medical Society, which meets quarterly at Toulon. The officers are Dr. J. W. Spalding President, Dr. —— Pinney, Vice President, Dr. H. Nance, Secretary, Drs. J. G. Harlan, Thos. Smith, and Wm. Chamberlain, Censors.

Yours respectfully,
JOHN W. SPALDING.

Western Medical Society of the State of Wisconsin.

A copy of the proceedings of this spirited Association, held Dec. 3d, 1850, has been forwarded to us by the attention of the Secretary, Dr. G. D. Wilber, from which we make the following extracts:

The officers elected for the ensuing year are, "A. P. Ladd, Shullsburgh, President; H. Van Dusen, Mineral Point, Vice President; G. D. Wilber, Mineral Point, Rec. Secretary; T. R. Kibbe, Hazle Green, Cor. Secretary; J. S. Russell, Platterville, Treasurer; G. W. Eastman, Plattsville, G. D. Wilber, Mineral Point, and A. Sampson, Fair Play, Censors.

H. Van Dusen, J. S. Russell, and T. R. Kibbe were chosen by ballot to represent this, in the State Medical Society, for the ensuing year.

Reports of standing committees being in order, only one was presented, and that by Dr. Wilber "On the condition of the Medical Profession in this District." By this report it appears that there are upwards of sixty persons engaged in practicing medicine in the counties of Iowa, Grant, and Lafayette; and of this number only twelve are graduates, or have the title of Doctor. It is the intention of the society to publish the names of the regular practitioners, and quacks residing in the three mentioned counties, in the public prints of the district.

ARTICLE IV.

PROFESSOR HERRICK'S VALEDICTORY ADDRESS TO THE GRADUATING CLASS IN RUSH MEDICAL COLLEGE.

We have received a copy of this appropriate and well written lecture, through the attention of the Publishing Committee of the class. As we were present in the crowded assembly that listened to it, we can not only testify to the beauty of its style and sentiment, but also to the happy and effective manner of its delivery.

The claims of medicine are briefly urged, the inconsistencies of pretenders referred to, and the graduates pointed to the rich field open before them for cultivation. In the closing paragraph is a tribute to the memory of N. C. Wells, one of the students whose funeral had been attended the day before, reminding the class that "the wreath about to ornament the brows of many here present, is on this occasion, constituted with twigs of the laurel mingled with those of the cypress!"

ARTICLE V.

AMERICAN MEDICAL ASSOCIATION.

The time for the next meeting of this National Medical Assembly is drawing near, and by the time of our next issue of the Journal. Delegates will be wending their way to Charleston, S. C.

We hope our State will be fully represented by delegates from her various medical societies.

There is now no time to be lost in preparation for sending representatives by those bodies that have not already made appointments.

ARTICLE VI.

NEW MEDICAL JOURNALS.

The Philadelphia Lancet.

We are in the receipt of this new candidate for public favor which is published semi-monthly in the city of Philadelphia at one dollar per annum, and is edited by Thomas Dunn English M. D.

It is in the form of a newspaper and contains much practical information, being filled with clinical lectures, original communications, and editorial articles. It appears to be conducted with spirit and ability, and we hope it will have a long and prosperous career.

The Stethoscope.

We observe by our exchanges that a new Medical Journal called "The Stethoscope" has been issued by Dr. Gooch, Editor, in Richmond, Virginia, but not having seen a copy we are unable to speak of its character or appearance.

It would seem to us that the Great State of Virginia ought to have and support at least one good medical periodical.

ARTICLE VII.

MISCELLANEOUS MEDICAL INTELLIGENCE.

The distinguished Surgeon, B. W. Dudley, M. D., of Lexington, Kentucky, is afflicted with irritability of the eyes, which prevents a continuation of his Surgical Memoirs in the Transylvania Medical Journal.

There were 100 students in attendance upon the first course of lectures in the Kentucky School of Medicine.

There were 544 deaths from cholera in New Orleans, between November 1st and December 23, 1850, from which time it entirely disappeared.

From June to November, 1850 inclusive, there were 10,928 admissions into the Charity Hospital, New Orleans, and 818 deaths. A little less than eight per cent. of the deaths, 152, were from cholera.

The Editor of the American Journal of Dental Science, estimates that there are 6,600 ounces of gold used for filling teeth in the United States annually worth $198,000.

There were 202 students in attendance at the Cleveland Medical School the past winter, about 25 per cent less than last year. So far as we can learn there has been a great falling off of the number of students generally, probably owing to the influence of the California emigration.

Medical students have increased very much in Paris and London.

A boy nine years old, says the *Provincial Journal*, swallowed a silk handkerchief, a foot square, and passed it by the bowels three days after, perfect in every respect, except being soiled. The boy suffered no injury from being “wiped out.’

Dr. A. Stille, of Philadelphia, is travelling in Europe for his health. He has resigned the post of Secretary of American Medical Association, which he has filled with ability for several years. Dr. H. W. De Sausseur, of Charleston, S. C., is the Secretary, to whom all matters pertaining to the office should be directed.

Measels and hooping cough have been quite prevalent in Chicago during the winter just passed.

The demand for cod liver oil seems to be on the increase, indicating its more general employment.

There were about 1500 students in Philadelphia during the past winter and 700 in New York.

Professor White, of Buffalo, has gone to Europe on business connected with the Buffalo Medical College.

Professor Howard, of Columbus, Ohio, is also to start in a few days.

The Homœopaths have instituted a Hospital in London.

The cholera is reported to be prevailing on the Ohio River.

A census of the Physicians of Erie County, New York, has been taken by the County Medical Society; there are seventy-nine. Twenty are members of the Society. Six are reported graduates but not members. Ten are neither gradutes nor licentiares, but are respectable practitioners. Thirteen profess to be *regular* but are the veriest quacks. Four practice Homœopathy, Allopathy, or any thing else to get business. Two are "simon pure" Homœopaths. Four are Seroscopists. There are ignorant females pretending to general practice. Five Eclectics, and ten are Botanic, Thomsonian or Herb Doctors.

The *New York Register of Medicine and Pharmacy* publishes a table of the mortality of the City of New York for 1850, by which it appears there were 16,854 deaths. The largest number of deaths from any one disease was from consumption, it being 1801. The proportions from some of the other diseases is remarkable. It was from convulsions, 1280. From Inflammation of the Lungs, 922. From Dysentery, 786. From Dropsy in the Head, 729. From Marasmus, 729. From Cholera Infantum, 717. From Apoplexy, 561. And from Cholera, only 47. The number of deaths for 1847, was 15,499; for 1848 it was 15,919, and for 1849, when the Cholera was epidemic, it was 23,785.

Mr. Haslem, of Boston, has invented and manufactured a new *vaginal speculum* made of glass, covered with silver on the outside and the silvering protected by a coat of gutta percha. Its advantage is that the mirror formed reflects the light better than any heretofore in use.

Mr. J. P. Cook has been appointed Professor of Chemistry in Harvard University in place of Professor Horsford.

The number of deaths in Boston in the year 1850, was 3,667.

ARTICLE VIII.

OBITUARY.

Died in Chicago, February 18, of Typhoid Fever, Mr. N. C. Wells, Medical Student in Rush Medical College, from Hancock County, Illinois. Mr. Wells had earned a good reputation as a student and gentleman amongst his acquaintances in this city.

Died in Paris, December 15, 1850, Royer Collard, M. D., Professor of Hygiene, in the Faculty of Medicine.

ARTICLE IX.

IMPORTANT ERRATUM.

Dr. B. Woodward, of Sharon, Illinois, calls our attention to the error in the formula, at the close of Dr. Nelligau's article on the treatment of Diseases of the Skin, published in No. 4, of this volume, page 243. The water should have been put f. ℥ ss instead of f. ʒ ss.

We should think the dose of arsenic full large, even after this correction, as the dose given would contain about one-fourth of a grain of arsenic. Better begin with a tea-spoonful than a desert-spoonful.

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Indian Hemp,
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" Wild,
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Extract from a letter of Prof. Clark, of the College of Physicians and Surgeons of N. Y., to the Editor of the N. Y. Journal of Medicine:

"I have lately visited the manufactory of these extracts. After inspecting the whole process and examining a large number of preparations, I became so fully persuaded that these gentlemen have fallen upon the best plan of concentrating and preserving the active principles, especially of the narcotic vegetables, that I have voluntarily offered to them any assistance that I can render them in introducing their medicines to the notice of the profession; being persuaded that these extracts must possess the efficiency and the uniformity ot strength necessary to the successful use of this class of remedies, and, I may add, so long sought for in vain.

"Should your conviction of the value of these preparations correspond with my own, after you have examined them and tried them in practice, perhaps you may think it due alike to the profession and to the gentlemen who are improving the instruments by which we work, to call the attention of your readers to the improvements which I cannot doubt this process secures."

"MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Resolved, That this Society, having seen and examined, and several o them having used, the various vegetable Extracts, made by Messrs. Tilden & Co., of New Lebanon, N. Y., and being satisfied of the valuable character of these preparations, hereby recommmend them to the profession generally.

P. VAN BUREN, *Secretary*.

MASSACHUSETTS MED. SOC. FOR THE BERKSHIRE DIST., June 2, 1850.

Resolved, That this Society, having seen from various sources entitled to respect and confidence, commendatory notices of the excellency and purity of the various medicinal extracts prepared by the Messrs. Tildens, of New Lebanon N. Y., and having tested and used them ourselves, do most cordially recommend them to the medical profession.

H. H. CHILDS, Pres., *Pro. Tem.*,
And Pres. of the Berks. Med. Col.

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